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THE UNIVERSITY OF ALBERTA

COMMUNICATION AND SELF-ACTUALIZATION IN GRADUATE COUNSELLING STUDENTS

BY

(C)

DEVON MARK

A THESIS

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Communication and Self-Actualization in Graduate Counselling Students" submitted by Devon J. Mark in partial fulfillment of the requirements for the degree of Master of Education.

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ABSTRACT

The overall goals of the integrated counsellor education program, in its first year at the University of Alberta, Edmonton, were to effect changes in the students in terms of interpersonal helping skills and personal growth as well as knowledge of personality and counselling theory.

One purpose of this exploratory study was to assess change in levels of empathy and self-reported psychological well-being (self-actualization) during the first half of the practicum. A second concern was whether levels of empathy were related to, or independent of, measures of self-actualization. Finally, non-immediacy of verbal communication, assumed to be related to personal adjustment, was introduced as a measure of directness in communication. Non-immediacy was explored in relation to the variables of empathy and self-actualization.

Twenty-four counselling students of varied experience and ages participated. The students verbally responded to a client expressions tape (content from Carkhuff, 1969a) in a language lab and completed the Personal Orientation Inventory, designed to assess self-actualization, in mid-September 1973 and mid-January 1974. Their tape-recorded responses were typed and rated for empathy by three judges using Carkhuff's (1969a) five level empathy scale and for non-immediacy by one judge using the Wiener and Mehrabian (1968) criteria.

The differences between pretest and posttest means for empathy

and self-actualization were tested using *t* tests. A correlation matrix was run on all measures of empathy, self-actualization and non-immediacy.

The results indicated significant increases in the mean levels of empathy, 1.9 to 2.2 ($p = .01$) and inner-directedness (considered the best single estimate of self-actualization), 95.04 to 98.79 ($p < .01$). There was no significant relationship between empathy and self-actualization. Mean levels of empathy were significantly higher in response to client expressions of elation than expressions of anger ($p = .05$). There were no significant relationships between measures of non-immediacy and self-actualization dimensions. A trend in the direction of the predicted negative relationship between empathy and non-immediacy was found.

It was concluded that students in the counselling practicum would benefit from more systematic training in empathy with a focus on accepting negative (angry) feelings as part of personal growth. The relevance of the increase in self-reported self-actualization was difficult to determine with this group, particularly as there were no significant relationships between self-actualization and other indicators of level of functioning, i.e., empathy and non-immediacy. It was speculated that differences in correlations between empathy and non-immediacy on the pretest and posttest were related to the students receiving training in empathy but not in immediacy.

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CHAPTER I

INTRODUCTION

This exploratory study was carried out at the University of Alberta, Edmonton. The Counselling Area in the Department of Educational Psychology integrated three graduate courses as a pilot project in the counsellor education program during the 1973-74 winter term. The overall goals of these combined courses were to effect changes in the students in terms of interpersonal helping skills and personal growth, as well as knowledge of personality and counselling theory.

As the practicum stressed the development of facilitative counsellor responses, especially accurate empathy, this variable was examined for change after approximately three months of the training program. An additional objective of the program was to focus on the personal growth of the students. Measures of change in psychological well-being were obtained using self-report information. Attention was directed to whether changes in levels of communicated empathy (hereafter referred to as empathy or accurate empathy) related to self-reported changes in self-actualization or whether empathy was learned independent of personality change. The variable of non-immediacy was also explored in relation to selected dimensions on the POI. Finally, the relationship between the variables of empathy and non-immediacy was explored.

The present study was designed to investigate the following questions:

1. Was there a change in the level of empathy within the counselling student group between pre and posttesting?
2. Were there changes in self-reported psychological well-being between pre and posttesting?
3. What relationships exist between the measures of empathy and self-reported psychological well-being?
4. What relationships exist between the measures of non-immediacy and self-reported psychological well-being?
5. What relationships exist between the measures of empathy and non-immediacy?

The results of the change study may not be generalizable to other counsellor-education programs but the results and recommendations for further research may provide insights for others interested in effects of counsellor-education programs.

CHAPTER II

RELATED THEORY AND RESEARCH

The purpose of this chapter is to present a rationale for a counsellor education program as well as a review of literature on empathy, psychological well-being and non-immediacy.

Counsellor Education: One Approach

Carkhuff and Truax have made an important contribution in defining and developing counsellor education programs which purport to train counsellors more effectively than traditional programs. Carkhuff, Kratochvil, and Friel (1968) asserted that "traditional training programs have failed to provide any evidence of their effectiveness (p. 68)."

Developing a combined didactic and experiential program to learn facilitative communication skills, Carkhuff demonstrated that counsellor trainees could be trained to communicate more accurately on facilitative dimensions such as empathy, at levels similar to outstanding practitioners (i.e., at minimally facilitative levels) in 100 hours or less (Carkhuff, 1969b, 1972; Carkhuff & Berenson, 1967; Carkhuff & Truax, 1965b; Truax & Carkhuff, 1967). "The sources of learning, . . . are modelling, the experiential base of understanding and action, and direct teaching. All these sources must be integrated in a whole process conducted by a whole person" (Carkhuff, 1969a, p. 35).

Carkhuff's belief is that the level at which an individual

communicates with others reflects his attitudes and comprehension of himself (Carkhuff & Berenson, 1967; Carkhuff, 1969a). Following this reasoning and based on research in counselling and education (Truax, 1963; Aspy, 1969; Pierce, Carkhuff & Berenson, 1967; Pierce & Schauble, 1970, 1971), it can be said that individuals who respond accurately to their own experience, respond accurately to the feeling and meaning of the experience of others. That is, the more an individual accepts the range of feelings in himself, the higher his level of functioning as defined and assessed by the Carkhuff scales (Carkhuff, 1969a). This higher level of functioning will be reflected in his ability to be accepting and understanding of feelings and experiences in others, and in his ability to communicate this understanding, or empathy, accurately.

In a program designed to enhance the level of functioning of counsellor trainees, Truax outlined three central elements:

1. A therapeutic context in which the supervisor communicates high levels of accurate empathy, nonpossessive warmth, and genuineness to the trainees themselves,
2. A highly specific didactic training . . . for shaping the trainees' responses toward high levels of empathy, warmth, and genuineness.
3. A focused group therapy experience that allows the emergence of the trainee's own idiosyncratic therapeutic self through self-exploration and consequent integration of his didactic training with personal values, goals, and life style (Truax, 1970, p. 11).

The University of Alberta Counsellor Program

The counsellor education program at the University of Alberta appears to have been based on principles similar to those of Truax

with the exception that the levels of communication of the supervisors were not known. Three courses--Theories of Personality (half course), Seminar and Practicum in Individual Counselling, Interpersonal Relations in Education (half course), and Issues in Counselling--were integrated. The intent was to provide a systematic development and integration of counselling skills and theories as well as to increase personal awareness. As stated by the coordinator of the integrated counselling program, Dr. D. Sawatsky:

> One of the objectives of the integrated program is to help students to relate more meaningfully and at deeper levels with others. This includes the learning of communication skills as well as a better understanding of self and self in relation to others. The program is intended to operationalize these objectives.

The manner in which these objectives were operationalized was through (a) the formal class arrangements; (b) individual supervision of students and their clients by practicing counsellors; and (c) supervised seminars. In each of these areas the intended focus was to acquaint the students with some of the theoretical bases of personality and counselling as well as introduction to the methods and skills of counselling practice.

Of the facilitative skills of counselling practice, the major aim was to increase levels of accurate empathy. The concept was introduced through the Rogerian theoretical framework and operationalized using the Carkhuff (1969a) model. Although "An initial focus was placed on the development of facilitative communication skills. . . . Opportunity was given throughout for the

personal development of the student" (Sawatsky and Calder, 1974, p. 3).

Self-Actualization and Psychological Well-Being

There is literature to suggest there is a positive relationship between the counsellor's ability to facilitate constructive change in clients and his own level of wholeness (Carkhuff & Berenson, 1967); his authenticity (Bugental, 1965; Jourard, 1964, 1966); and his self-actualization (Maslow, 1962, 1967). The particular theory of psychological well-being chosen for this study was that of self-actualization.

A self-actualizing person may be described as "one who utilizes his talents and capabilities more fully, lives in the present rather than dwelling on the past or the future, functions relatively autonomously, and tends to have a more benevolent outlook on life, and on human nature than the average person" (Knapp, 1971, p. 1). Such a person has sufficiently gratified his basic needs for safety, belonginess, love, respect and self-esteem so his primary motivation is to actualize his intrinsic potential.

> The self-actualized person . . . appears to live more fully in the here-and-now. He is able to tie the past and the future to the present in meaningful continuity. He appears to be less burdened by guilts, regrets, and resentments from the past than is the non-self-actualized person, and his aspirations are tied meaningfully to present working goals. He has faith in the future without rigid or over-idealistic goals (Shostrom, 1966, p. 15).

Self-actualizing individuals seem to have greater acceptance of their own feelings and behavior; be more spontaneous; be more

inner-directed and independent of their culture and environment; experience deeper and more profound interpersonal relations and enjoy life in general (Maslow, 1954, 1962, 1971). This openness to experience, their own and others, allows them to have relationships which are not blocked by defensiveness, denial, and repression of feelings. Maslow states:

> that self-actualizing people are . . . more astute in their perception of people, in their penetration to the core or essence of another person. This is also why I feel convinced that the ideal therapist, who presumably should be able as a professional necessity, to understand another person in his uniqueness and in his wholeness, without presupposition, ought to be at least a fairly healthy human being (1962, p. 91).

Efforts to more objectively describe self-actualizing people led to the development of the Personal Orientation Inventory (Shostrom, 1966). In brief, the POI consists of 150 items and has 2 major scales and 10 subscales which are conceptually relevant aspects of self-actualization (Shostrom, 1966; Ilardi & May, 1968). The POI will be discussed in greater depth in Chapter IV.

The Personal Orientation Inventory as a Measure of Change of Self-Actualization

The Personal Orientation Inventory has been shown to be of use in assessing counselling students. McClain (1970) studied a group of 30 counsellors enrolled in an institute at the University of Tennessee using a staff of counselling educators. The correlations between POI scores and the composite ratings for self-actualization by staff members ranged from .23 through .69. The

correlation of .69 ($p < 01$) was with the Inner-Directed Scale, "Other correlations significant at or beyond the .01 level of confidence are with Spontaneity (.53) and Self-Acceptance (.56)"(McClain, 1970, p. 22). Mazer and Engle (1971) evaluated 22 secondary school counsellors in a 38-week Guidance Institute at Western Michigan University. Twenty students enrolled in the regular counsellor education program served as a control group. The POI was administered to experimental and control subjects at the beginning and the end of the program. Pretest means indicated Institute participants were comparable to the normal adult group. On the posttest, scales means exceeded those of the self-actualized group (Shostrom, 1966) on 9 of 12 scales. Although both groups made significant changes on the POI, the amount and direction of change favored the Institute subjects. Pre-post differences for the experimental group exceeded the .05 level on Inner-directedness, Existentiality, Feeling Reactivity, Spontaneity, Self-Acceptance, Acceptance of Aggression and Capacity for Intimate Contact. "Experimental-control differences in extent of gain for each scale reached a statistically significant level (.05) for the Existentiality and Feeling Reactivity dimensions (p. 278)."

In evaluating an experientially based 14 week course encompassing all three of Truax's (1970) recommendations, Shapiro and Gust (1974) conducted two evaluations. The subjects of the first study were 30 graduate students in the counseling program of the Department of Educational Psychology at the University of Hawaii.

There was a control group of 30 subjects enrolled in the same graduate program matched for age, sex, and educational level. There were no pretest differences between experimental and control groups. The experimental group participated in weekly sensitivity groups and class meetings "designed to merge the academic and experiential aspects of counselor training (p. 201)." In the replication study there were 31 subjects in the experimental group and nine control subjects. The subjects, the sensitivity group patterns, and class meetings and procedures met the criteria of study 1. As in study 1, there were no pretest differences between experimental and control subjects. In study 1, the control group manifested no significant differences. The experimental group demonstrated significant change on Self-Actualizing Value, Existentiality, and Capacity for Intimate Contact. Similarly, in study 2 there were no significant changes in control subjects. Significant increases were demonstrated on Self-Actualizing Value, Feeling Reactivity, Nature-of-Man Construct and Capacity for Intimate Contact.

Aubry (1970) found that significant increases in Inner-directedness were maintained three months following a one-week counselors workshop. The literature reviewed appears to indicate that increases on the scales of the POI are unique to the particular group and their treatment experience.

Empathy and Facilitative Communication

Verbal behavior is an indispensable part of most counselling

processes, regardless of the particular theoretical orientation being followed. In recent years there has been an increased number of studies aimed at assessing the verbal interaction in a client-therapist relationship. In attempts to measure the quality of verbal behavior in client-therapist interaction, empathy emerged as a valued concept (Rogers, 1957). Roger's concept of empathy was one of the "facilitative dimensions" or "core conditions" considered to be essential to constructive processes within a client-therapist relationship. These core conditions, empathy, respect, genuineness (congruence), and willingness-to-be-known were operationalized by Barrett-Lennard (1962) and Truax (1961). The scales were refined and expanded to include concreteness confrontation, immediacy and self-disclosure indexes by Carkhuff and Berenson (1967), and Carkhuff (1969a).

Accurate empathy has been defined as "the ability to perceive and communicate accurately and with sensitivity both the feelings and experience of another person on a moment-by-moment basis" (Truax & Mitchell, 1971, p. 317). Carkhuff and Berenson (1967) support the importance of both perceiving and discriminating high levels of empathy as well as communicating at high levels. Empathy has been theoretically supported as the "key ingredient of helping" (Blackman, Smith; Brockman & Stern, 1958, Carkhuff, 1969a; Rogers, 1957). As well, empathy is the most apparently concrete dimension and communication of empathy is most readily learned by trainees (Carkhuff, 1969a; Delaney, Long, Masucci & Moses, 1969). Carkhuff states that

"without an empathic understanding of the helpee's world and his difficulties as he sees them there is no basis for helping" (Carkhuff, 1969a, p. 173). The majority of the theorists who have dealt with the therapeutic relationship have emphasized the importance of the therapist's understanding of the client, or his empathy (Truax and Carkhuff, 1967). Spilken, Jacobs, Muller and Knitzer (1969) conducted a study involving psychotherapists, social workers and psychiatrists. The purpose was to investigate variables perceived to be crucial to the therapeutic relationship and process. Similar to the research of Truax and Carkhuff, Spilken et al. found that empathy was considered the most important of the facilitative variables.

Truax and Carkhuff (1965) confirmed empirically the effect of the therapist's level of empathy upon the patient's depth of intrapersonal exploration.

> When the therapist offers lowered conditions of empathy and unconditional positive regard there is a consequent drop in the patient's depth of intrapersonal exploration as assessed by the 10-point Depth of Intrapersonal Exploration Scale and when the therapist's level of conditions rises, there is a consequent rise in the patient's level of self-exploration (p. 123).

Truax and Mitchell (1971) cite a replication of this study by Sander, Tausch, Bastine and Nagel (1968) in West Germany. They also report a study by Tausch, Eppel, Fittkau and Minsel (1969) which found that the higher the therapist's level of accurate empathy, the higher the patient's level of self-exploration and the greater the patient's degree of improvement as determined by clinical assessment. Similarly, Piaget, Berenson and Carkhuff (1967) found all clients

improved in their levels of self-exploration with the high empathy level counsellor and all clients tended to decline in their levels of self-exploration when seen by the moderate functioning counsellor.

"Implicit in this theorizing is the assumption that the person in his relations with others shows the way he feels about himself. Again, only to the degree that he understands and respects a full range of experiences of himself, can he understand and respect a full range of experiences in others" (Carkhuff & Berenson, 1967, p. 48). Truax and Mitchell (1971) assert that "many of the cues used for deciding what is true, or is false, and what is meaningful in things we hear from another person come from the root of our own experience and existence (p. 318)." At this point, it is difficult to theoretically determine which comes first, communication of high levels of empathy or self-acceptance, and in reality it would appear impossible to separate them. For example, there is empirical evidence to support that the accurate empathy scale is not independent of the other Carkhuff scales and that they all assess the same underlying dimension (Delaney et al., 1969; Muehlberg, Pierce & Drasgow, 1969) so that counsellors high on one dimension tend to be high on most dimensions. It is plausible that the factor accounting for the high variance among the dimensions may be the individual's self-acceptance of his experiences and his ability to openly respond to his feelings and attitudes within a relationship.

Empathy and Self-Actualization

There is contradictory evidence that a positive correlation exists between the level of personal growth or self-actualization of the counsellor and his ability to establish a therapeutic relationship with another person. This was empirically investigated in a study by Foulds (1969b, pp. 133-134):

> Findings of this study suggest that the ability to sensitively and accurately perceive the inner "being" or experiencing of another human being and to communicate this understanding to him and the ability to be authentically real in a genuine encounter without defensive phoniness or without hiding behind the mask or facade of a professional role seems to be related to psychological well-being or self-actualization, as measured by the POI. . . .
>
> The ability to communicate empathic understanding was significantly related to six of the 12 scales ($p < .05$), the ability to communicate facilitative genuineness was significantly related to 10 of the 12 scales of the POI ($p < .05$) and six POI scales were significantly related to total conditions offered ($p < .05$).

A replication of the Foulds study by Winborn and Rowe (1972) did not substantiate the results of the original study. Only one significant relationship (attributed to chance) was found among Personal Orientation Inventory scales and levels of empathic understanding, facilitative genuineness and total facilitative conditions.

Non-Immediacy and Directness of Verbal Communication

It is assumed that communication is the external behavioral manifestation of an individual's inner thoughts and feelings. These thoughts and feelings, if not communicated directly, are communicated indirectly through one or more channels. One indirect channel of expression is the non-immediate use of words. Thus another way of

analyzing verbal behavior is the scale of non-immediacy developed by Wiener and Mehrabian (1968) which examines language structure and word choice.

Verbal non-immediacy has been defined as:

> any indication of separation, non-identity, attenuation of directness, or change in intensity of interaction among the communicator, the addressee, the object of communication, or the communication (Wiener and Mehrabian, 1968, p. 32).

To illustrate, when referring to oneself, the statement, "John and I should get together" is more non-immediate (Passivity Category) than "I want to see John"; "I live with Carol" (Unilaterality Category) is more non-immediate than "We live together" or "Carol and I are living together"; and "Someone should help those people" (Implicit, Passivity, Spatial Categories) is more non-immediate than "I want to help these people." Further examples are in Appendix A.

Experimental findings (with one exception, Mehrabian, 1967b) indicate that the communicator's negative affect about disliked people or experiences is reflected by the use of non-immediate words rather than other words of similar meaning which would convey the same message more directly:

> The greater is the number of non-immediacy scores assigned to a communication unit, the greater is the probability that it is part of a communication about a negative experience (Wiener & Mehrabian, 1968, p. 96).

It is important to note, however, that in Mehrabian's study, high non-immediacy corresponded to the low as well as the high end of the degree of dislike continuum. Mehrabian concludes that non-immediacy "may be of use in instances where a communicator does not

or cannot explicitly communicate his attitudes" (Mehrabian, 1967b, p. 295). To clarify, it may be possible that an individual, when fearful and ambivalent about the risks and consequences involved in directly relating positive, as well as negative feelings, will make non-immediate statements. (The relationship between non-immediacy and psychological well-being is discussed in the next section.)

Knowledge of non-immediacy has been indicated to be useful in counsellor-client relationships. In an ongoing counsellor-client interaction where communication is partly a function of the clinician and his activities:

> then variable behaviors of the addressee (in this case the clinician) will influence the degree of non-immediacy in the client's successive responses. For example, if the clinician "approves" (i.e., smiles, nods), "disapproves" (i.e., frowns, leans backwards) or is ambiguous (i.e., maintains a blank expression), variations in the client's verbalizations will be evident and may be reflected in variations of non-immediacy (or some other channel)(Wiener and Mehrabian, 1968, p. 163).

Hence feelings on the part of the therapist or client not expressed directly via a verbal message will likely be communicated indirectly through non-immediate use of words as well as other non-verbal channels.

In summary, in addition to the explicit linguistic message stated, affect may be stressed by the non-immediacy scale as applied to language structure and word choice. In his dissertation abstract, Dublin (1970) states that "verbal non-immediacy . . . may add to our understandings of such established . . . concepts as congruence or genuineness" and advocates "the possible addition of non-immediacy

categories to the repertoire of the therapist's techniques to counter both the patient's and his own subtle defensiveness (p. 4,5)."

Non-Immediacy and Psychological Well-Being

While Wiener and Mehrabian have not established a relationship between non-immediacy and psychological well-being, a recent study by Robertson and Roth (1973) was addressed to this issue. The results of this study indicated that the poorly adjusted individuals were more non-immediate when talking about themselves than the more well-adjusted (as measured by the California Test of Personality). This follows a common assumption about psychologically maladjusted people that they cannot "explicitly" communicate their feelings and attitudes (Bateson, Jackson, Haley & Weakland, 1956; Deutsch & Murphy, 1955; Rogers, 1959). In other words, verbal non-immediacy may be indicative of discomfort, ambivalence, avoidance or negative affect regarding one's experience and expression whether the content is positive or negative. Robertson and Roth suggest that lower levels of verbal non-immediacy may be related to greater self-acceptance of, and positive regard for, one's experience as well as to personal and social adjustment. When self experiences are accepted by the individual, there may be less avoidance, denial and defensiveness, and hence the experiences are more immediately symbolized and expressed. One unexpected finding of the Robertson and Roth study was that high scorers as measured by the CTP were more non-immediate than low scorers when talking on negative topics about others.

Although it may be possible that lower levels of non-immediacy indicate greater self-acceptance, and would thus appear to be related to self-actualization (self-acceptance, non-defensiveness, directness and ease of self-expression, etc.), the non-immediacy model requires further validation in its relation to psychological well-being.

Empathy and Non-Immediacy

Although there is no empirical evidence to support a relationship between empathy and non-immediacy at present, there is logical support to suggest there may be a relationship.

Empathy has been related to congruence or genuineness theoretically and empirically. Theoretically there are several possible reasons for this relationship. First, Rogers (1961) assumes that greater congruence of experience, awareness, and communication on the part of one individual predisposes a relationship with another toward mutual empathy or accurate understanding. Barrett - Lennard (1962) explained the empirical lack of distinction between empathic understanding and congruence as follows:

> A person's congruence is, theoretically, the primary factor determining his potential for empathically understanding the other. When, as in a therapy situation, one's attention and concern are focused on receiving another's communication and attempting to sense and comprehend the experienced feeling and meaning implied in it, one's potentiality for empathic understanding will be fully used and a rather direct relationship between the two variables would be expected (p. 13).

An alternative to assuming that genuineness is a prerequisite

for empathy is that empathy is a prerequisite for genuineness. Carkhuff (1969a) states that all other conditions flow from the key ingredient in helping, empathy. Truax and Mitchell (1971) lend support to this assumption.

> Although we believe on the basis of current evidence that the effectiveness of accurate empathic understanding in producing or eliciting positive human behavior change depends on a warm and nondefensive or genuine relationship, this in no way implies that the helper will first be genuine, then develop a feeling of warmth, and finally be better able to be empathic. It seems that in practice the reverse is true. . . . that as we begin to receive and understand the events, experiences, and feelings of another person's existence "as if" they were parts of our own life, we come to feel warmth, respect and liking . . . (Truax & Mitchell, 1971, p. 315).

A third possibility is that empathy and genuineness are not separate unique variables and instead they are different names for measuring the same quality or qualities. Empirically there is an established link between empathy and congruence or genuineness. Barrett-Lennard (1962) used the Barrett-Lennard Relationship Inventory consisting of five subscales, level of regard, empathic understanding, congruence, unconditionality, and willingness to be known to examine client and therapist perceptions of each other. After five interviews, correlations between empathic understanding and congruence of .85 for the client data and .71 for the therapist data were reported. Mills and Zytowski (1967) examined the relationship between four subtests of the Barrett-Lennard Relationship Inventory. Subjects were 79 undergraduate females. Two forms were administered. On one form the subjects assessed their relationship with their mother; secondly, they assessed their perceptions of

their mother's feelings about them. Correlations between empathy and congruence were .65 and .71 respectively. Berlin (1960) asked a group of sorority girls to describe two contrasting relationships with fellow sorority members using a modified version of the Relationship Inventory. A correlation of .70 was found between empathic understanding and congruence when assessing "good" relationships.

The correlation matrices of the Mills and Zytowski (1967) study and the Barrett-Lennard (1962) study were subjected to component analysis. The first component accounted for two-thirds of the total variance regardless of the particular relationship measured. "There appears to be a single dominant characteristic across all the relationships measured to which all four subtests contribute strongly" (Mills & Zytowski, 1967, p. 195). Delaney et al. (1969) assessed skill acquisition with the Carkhuff scales in a post-master's degree counselling practicum at the University of Illinois over a 16-week period. Empathy, warmth and genuineness were correlated highly with each other. Correlations between empathy and genuineness during the first week were .739, the eighth week, .238 and the fifteenth week, .903. The mean correlation was .595 between empathy and genuineness. It was also suggested that the three scales measure the same underlying dimension to a certain extent. This is consistent with the prior findings of Mills and Zytowski (1967) using the Barrett-Lennard inventory.

Muehlberg et al. (1969), in an among variables analysis of

empathy, positive regard, genuineness, self-disclosure, and concreteness reported a correlation between empathy and genuineness of .85. In factor analyzing the results from low facilitative conditions therapists one factor accounted for 89 per cent of the variance. "Practically no relationship was left among conditions after removal of the first factor loads. Consequently, a single major factor accounted for practically all of the observed correlations among the obtained facilitative conditions" (Muehlberg et al., 1969, p. 95). Additional matrices computed from tapes of high level condition therapists nearly duplicated these values. It was concluded that the primary single factor is generalizable to both high and low levels of therapist functioning.

In summary, theory and empirical evidence indicate empathy and genuineness are positively and highly related. However in most of the research, these variables have been studied with scales very methodologically similar. Since there is reason to believe non-immediacy is a different methodological means for assessing genuineness, empathy and non-immediacy may be related if the prior evidence reported is not simply a function of the similar methods of measuring empathy and genuineness.

There are theoretical reasons for believing immediacy is an indicator of genuineness in communications. Mehrabian (1967b) states that non-immediacy "may be of use when a communicator does not or cannot explicitly communicate his attitudes (p. 295)," i.e., non-immediate language may be indicative of incongruity between

experience and the communication of that experience. Dublin and Berzins' (1972) interpretation of immediacy is that it is analogous to the concept of congruence or genuineness.

> The non-immediacy variable--as very possibly a measure of a more subtle kind of congruence than the Rogerian congruence . . . may in future studies add to our understanding of . . . therapist congruence or genuineness (p. 92).

Roth (1973) relates the use of different (more non-immediate) words to possible negative feelings towards an individual's present experience. Mehrabian and Wiener (1966) give support to higher non-immediacy in communication about negative affect versus positive affect experiences. Therefore, non-immediacy may be one way of assessing how negative attitudes about one's experiences are indirectly (implicitly) communicated and one way of determining incongruities between one's actual experience and the representation of that experience. Hence immediate language may be reflective of a more congruent, self-accepting individual who experiences little negative affect in experiencing or communicating explicitly about a negative experience (Roth, 1973).

An argument has been stated that both empathy and immediacy are concepts analogous to genuineness. In previous sections, both empathy and immediacy have been related to the individuals acceptance of his feelings and experiences and his ability to directly express these feelings. It is possible that such self-acceptance and direct communication may be the factor which would account for a relationship between these variables.

Another link may be possible through examination of actual statements in view of the definitions of both empathy and immediacy. Empathy has been defined as "the ability to perceive and communicate an accurate understanding of another's feelings and experience" (Truax & Mitchell, 1971). Non-immediacy has been described by Wiener and Mehrabian (1968) as:

> any indication of separation, non-identity, attentuation of directness, or change in intensity of interaction among the communicator, the addressee, the object of communication, or the communication (p. 32).

Therefore non-immediate words, by definition, reduce the intensity and directness in a communication and according to Roth (1973) tend to deny and distort feelings and experiences. For example, the class category of non-immediacy may occur when an individual is reluctant to acknowledge a feeling and distances himself from his feeling through his language, i.e., he does not isolate himself as a particular person with his particular feeling, "I am worried about failing"; instead, he declares his feeling to be a fact for a class or group of others, "People are rather concerned about success."

A similar process may occur when an individual is responding to <u>another's</u> feelings. Such decrease in directness in communication in relation to another person would seem to decrease the degree of empathy communicated. Alternately stated, non-immediate language may occur when an individual is reluctant to acknowledge a feeling or the intensity of a feeling in himself or in another

and by denial, distortion and decrease in directness of communication, moves the feeling into the domain of fact which therefore reduces the degree of empathy.

To illustrate, a client may state, "I hardly ever see anybody since John went away." The response may be non-immediate (decreases the intensity of the other person's feelings) and low empathic (subtracts noticeable affect), "Friends are rather important; people need social contacts." A more immediate (does not change the directness or intensity in the interaction and therefore the other's feelings) and more empathic (doesn't detract affect) response is, "You are lonely and are missing John." As well, when a client appears uncomfortable or when there is mutual discomfort due to "incompatible" counsellor-client pairings, the counsellor could respond directly to the discomfort being experienced by the client and allow these feelings to be experienced and explored. Though highly empathic statements (oriented to another person) may contain non-immediate words, this does not preclude maintaining high immediacy levels within the boundary condition of responding <u>to another</u> within a helping relationship.

In summary both the ability to respond accurately (empathically) and directly (immediately), have been related to genuineness and self-acceptance. In view of the definitions of empathy and non-immediacy, high immediate - high empathic versus low immediate - low empathic statements were examined. Such commonality suggests there may be a relationship between empathy and immediacy.

DEFINITIONS

Conceptual and operational definitions (in that order) will be stated for relevant variables.

1. Self-actualization is characterized by relatively autonomous functioning, or inner direction, guided by an inner sense or "inner gyroscope" of his internal motivations rather than by external influences. "Self-actualization is a process of investing energy in a core-centered existence" (Shostrom, 1973b, p. 30).

Self-actualization is operationally defined on the Personal Orientation Inventory as the score obtained on the Inner-Directed (I) scale, considered the best single estimate of self-actualization.

2. Feeling reactivity is the sensitivity to needs and feelings within one's self.

Feeling reactivity is operationally defined by the score on the Feeling Reactivity (Fr) scale of the POI.

3. Spontaneity is the ability to express feelings in spontaneous action.

Spontaneity is operationally defined by the score on the Spontaneity (S) scale of the POI.

4. Self-regard is the ability to like one's self because of one's strength as a person.

Self-regard is operationally defined by the score of the Self-Regard (Sr) scale of the POI.

5. Self-acceptance is the acceptance of one's self in spite of one's weaknesses or deficiencies.

Self-acceptance is operationally defined as the score on the Self-Acceptance (Sa) scale of the POI.

6. Acceptance of aggression is the ability to accept anger or aggression within one's self as natural.

Acceptance of aggression is operationally defined as the score on the Acceptance of Aggression (A) scale of the POI.

7. Capacity for intimate contact is the ability to develop meaningful, contactful, relationships with other human beings.

Capacity for intimate contact is operationally defined as the score on the Capacity for Intimate Contact (C) scale of the POI.

8. Empathy is the degree to which a helper responds to a helpee's feelings and behavior on a moment-by-moment basis.

Empathy is operationally defined as a rated score from 1 to 5 on the accurate empathy scale (Carkhuff, 1969a).

9. Verbal non-immediacy is a measure of the degree of directness or intensity of interaction between a communicator in relation to the object of his communication, the addressee or the communication itself.

Verbal non-immediacy is operationally defined as the number of non-immediate words per typed line using the Wiener and Mehrabian criteria (1968).

CHAPTER III

STATEMENT OF HYPOTHESES

1. One purpose of this study was to examine whether practicum students gained in levels of empathy. The first hypothesis is:

Hypothesis I. There will be an increase in the overall level of accurate response to the feelings and attitudes of a simulated client (accurate empathy) during the period from pretest to posttest.

2. It has been the writer's observation that many counsellors are more at east with positive emotions, both in themselves and others. The positive emotions on the stimulus tape correspond to affect areas of excitation-elation. Negative emotions correspond to areas of depression and anger.

Hypothesis II. The level of accurate response to the client's feelings and attitudes will be greater for the area of (a) elation, less for the area of (b) depression, and least for the area of (c) anger.

3. Based on precedent and theoretical assumptions for interpreting self-actualization using the POI (discussed in Chapter IV), the scale of Inner-Directedness (the most global measure of self-actualization) and the paired scales of Feeling Reactivity and Spontaneity; Self-Regard and Self-Acceptance, and Acceptance of Aggression and Capacity for Intimate Contact were chosen by the

investigator as important scales which might possibly reflect change (Hypothesis III) and may be related to levels of empathy (Hypothesis IV).

Although the goals of the counselling practicum allow for personal growth, it is questionable whether such personality growth or change occurs over the relatively short period between the pretest and posttest.

Hypothesis III. There will be no significant differences on the dimensions of (a) self-actualization or on (b) the other selected dimensions of self-actualization of the students between pretest and posttest.

4. The evidence regarding the relationship between the facilitative communication of empathy and dimensions of self-actualization is, at present, equivocal (Foulds, 1969b; Winborn & Rowe, 1972).

Hypothesis IV. There will be no relationship between the overall level of response to a client's feelings and experience (total empathy) and the selected dimensions of self-actualization:

a. self-actualization
b. sensitivity to one's own feelings
c. the expression of these feelings spontaneously
d. sense of self-worth
e. acceptance of self with strengths and weaknesses
f. acceptance of angry feelings
g. ability to develop meaningful relationships.

5. Self-actualization has been related to direct expression of one's experience with acceptance and without defensiveness. It is an assumption (Carkhuff, 1969a) that greater ability to understand and respond to other's feelings (higher empathy) is related to greater self-acceptance. It may be possible that lower levels of non-immediacy are also related to greater self-acceptance (Robertson & Roth, 1973). Thus it would seem that if an individual accepts himself and his anger, and has a sense of self-worth (each being characteristics of self-actualization), he would be more empathic and less non-immediate in responding to similar feelings in others.

Hypothesis V (a). There will be a positive relationship between the level of response to the client's angry feelings and attitudes (accurate empathy) and:

(i) acceptance of self with weaknesses and strengths

(ii) acceptance of anger

(iii) sense of self-worth.

Hypothesis V (b). There will be a negative relationship between the directness of response to the client's angry feelings and attitudes (non-immediacy) and:

(i) acceptance of self with weaknesses and strengths

(ii) acceptance of anger

(iii) sense of self-worth.

6. The rationale for a relationship between empathy and non-immediacy was developed in Chapter II. The hypothesis for such a

relationship is stated as follows:

Hypothesis VI. There will be a negative relationship between total empathy and non-immediacy.

It was decided an acceptable level of significance would be .05. In hypotheses where both pretest and posttest data were used in the analysis, the results at both points in time had to attain significance.

CHAPTER IV

METHOD AND RESEARCH DESIGN

The Sample

The sample consisted of 24 students (15 males and 9 females) registered in the graduate counselling practicum at the University of Alberta, Edmonton. Settings for practicum training experience included both on and off campus agencies. While the counselling practicum is part of the Masters of Education program, four doctoral level students participated in the practicum, four students were special students not yet admitted to the M. Ed. program, and three students were working towards a Diploma in Counselling to qualify them to counsel in schools. The age range was from twenty-five to the late forties. Experience was varied. One student with a theology degree previously had worked in community development in Lima, Peru; another student provided provided psychological services to inmates in a maximum security penitentiary; two students were Registered Nurses with previous experience and one student, a social worker, had taught in the Social Service program at the Northern Alberta Institute of Technology. Other students had experience as teachers, psychologists, counsellors in schools, or on special projects, and as a warehouseman or as an inspector in a metallurgy lab.

The Research Instruments

The Personal Orientation Inventory: A Measure of Self-Actualization

In studying healthy people (self-actualizing people), Shostrom (1966) developed the Personal Orientation Inventory to more objectively describe values held by such people. Shostrom also made use of the personality theories of other writers such as Reisman, Rogers and Perls whose concepts he found congruent with Maslow's self-actualizing individual.

(a) Scales of the POI

The POI consists of 150 two-choice comparative value judgment items reflecting values and behavior seen to be of importance in the development of self-actualizing persons. There are 12 scales, 2 major scales and 10 subscales, which are used in comparing the examinees' responses to normative samples. There is considerable range in the number of items per scale ranging from 9 to 127. Two scales, a ratio of other-directedness to inner-directedness, define a support ratio and constitute 127 of the 150 items. The other major scale includes 23 items and defines a time ratio, i.e., the degree to which there is meaningful continuity of past, present and future time orientations. The subsidiary scales purport to assess: Self-Actualizing Value (SAV), Existentiality (Ex), Feeling Reactivity (Fr), Spontaneity (S), Self-Regard (Sr), Self-Acceptance (Sa), Nature of Man (Nc), Synergy (Sy), Acceptanee of Aggression (A), and Capacity for Intimate Contact (C). Each scale, excluding the time ratio scales,

overlaps with the other-directed versus inner-directed (I) scales, with the exception of from zero to three items per scale. The ten subscales have high interrelationships (Shostrom, 1966).

(b) Ratio Scores

1. The support ratio measures whether an individual's mode of reaction is characteristically "self" oriented or "other" oriented.

> Inner, or self, directed individuals are guided primarily by internalized principles and motivations while other-directed persons are to a great extent influenced by their peer group or other external forces (Shostrom, 1966, p. 5).

A self-actualized person transcends and integrates both orientations and this transcendence expresses itself in an optimal ratio between other-directedness scale and inner-directedness scale (Knapp, 1971). The self-actualized individual's ratio between other-directedness and inner-directedness is approximately 1:3 in contrast to the non-self-actualized ratio of 1:1 (Shostrom, 1966).

2. The time scale is expressed in terms of a ratio of time incompetence scale versus time competence scale. A time incompetent person tends to live primarily in the past, present, or the future; a time competent person is oriented to the present and is able to bring past experiences and future expectations into meaningful continuity. The self-actualized individual's orientation to time is expressed in a time ratio of approximately I:8. This is contrasted with the ratio of a non-self-actualized individual of about 1:3 (Shostrom, 1966).

(c) Scoring of the POI

Hand scoring of the answer sheets is done with fourteen scoring templates. Items are scored twice, first for the basic scales of support and time orientation. Secondly, the items are scored for the ten subscales. These raw scores can be automatically converted into standard scores by plotting them on the profile sheets. The mean standard score for each scale is 50, with a standard deviation of 10.

(d) Precedents for Evaluating Self-Actualization by Means of the POI

From the structure of the inventory it is not clear which scales most effectively assess self-actualization. Shostrom (1966) claimed that "when a quick estimate is desired of the examinee's level of self-actualization, the Time Competence (Tc) and Inner-Directed (I) scales only may be scored (p.7)." Knapp (1965) maintained that "for present purposes, the I scale (Inner-Directed) scores were used as the best single estimate of self-actualization (p. 171)." As a result of a study by Damm (1969) it was concluded that "since the I scale overlaps most heavily with all other scales, . . . an overall measure of the POI can probably be best obtained by using the raw score of the I scale, or by combining the raw scores of the I and Tc scales (p. 981)." Leib and Synder (1967) and Le May (1969) used only the I scale in their assessment of self-actualization with college students.

However the self-actualization literature and the POI itself

suggest that other dimensions of self-actualization are very important. Shostrom (1966) considers the ten subscales "to be synergic and representative of the balancing that is critical to self-actualization (p. 20)." Shostrom (1973b) indicates several "key scores" on the POI which "describe a 'scientifically' derived ethic which can undergird counseling and therapy (p. 29)." These scores are on the scales of Inner-Directedness, Self-Regard (strength), Self-Acceptance (loving oneself in spite of weaknesses), Acceptance of Aggression (anger) and Capacity for Intimate Contact (love). "Thus, self-actualizing persons are what I have defined as Rhythmic in their orientation. That is, they are able to swing back and forth on the polarities of strength-weakness and anger-love"(Shostrom, 1973b, p. 31). Time orientation is also considered to be another "fundamental score."

Examining the Foulds (1969b) study the significant correlations between empathy and the POI were on the scales of Inner-Directedness; Self-Actualizing Value and Existentiality; Feeling Reactivity; Acceptance of Aggression and Capacity for Intimate Contact. Significant correlations between genuineness and the POI were on the scales of Inner-Directedness; Self-Actualizing Values and Existentiality; Feeling Reactivity and Spontaneity; Self-Regard and Self-Acceptance; Synergy; Acceptance of Aggression and Capacity for Intimate Contact. In the replication study by Winborn and Rowe (1972) there were no significant correlations between empathy or genuineness and the POI scales.

In summary, the theory and some of the empirical evidence indicate Inner-Directedness to be a very important, total indicator of self-actualization. As well, the theory presumes a balance between complementary scales to be important processes of the total concept of self-actualization.

(e) Validity of the POI

The validity of the POI is predominantly empirical (concurrent). The POI has been shown to discriminate between a clinically judged self-actualized group (N = 29) versus a non-self-actualized group (N = 34) on all but one scale (Shostrom, 1964). Fox (1965) found that all POI scale scores were significantly lower ($p < .001$) for a hospitalized sample compared to the nominated self-actualized sample and to a normal adult sample. Shostrom and Knapp (1966) administered the POI and the MMPI to two groups of clients in psychotherapy, one a beginning and the other an advanced group. Each one of the POI scales was significantly higher ($p = .01$) for the advanced therapy group. Seven of the thirteen MMPI scales were significantly less pathological ($p < .05$) for the advanced group.

In this study significant correlations of the POI of particular interest were obtained with the Depression scale, the Social I.E. scale, and the Psychasthenia scales of the MMPI. The results were interpreted as indicating the advanced therapy group had higher self-regard, were more inner directed, were less withdrawn and tended to display more healthy interpersonal relations as characterized by the Fr, A, and C scales of the POI; and were less anxious and obsessive-

compulsive, i.e., more spontaneous in expressing themselves. "Examination of the difference, . . . suggests that as therapy progresses, pathology as measured by the MMPI decreases and health as measured by the POI increases" (Shostrom & Knapp, 1966, p. 201). Knapp (1965) selected 138 undergraduate college students on the basis of scores on the neuroticism dimension of the Eysenck Personality Inventory to form a "high" neurotic group and a "low" neurotic group. Mean scores were obtained for each group on each of the POI scales. All mean differences were significant at or beyond the .05 level. (Those higher on the POI were lower on neuroticism.) Foulds (1969a) selected a "high" group and a "low" group with respect to the ability of graduate counselling students to communicate facilitative genuineness (as assessed by experienced judges) within a counselling relationship. The POI was administered near the end of their practicum experience. Seven of the twelve scales of the POI differentiated between the "low" genuineness group (mean = 1.8) and the "high" genuineness group (mean = 2.3). Graff, Bradshaw, Danish, Austin and Altekruse (1970) presented evidence that the POI is related to dormitory assistant effectiveness as measured by ratings of students and personnel deans. As well, delinquent males (Shostrom, 1966) and alcoholics and their spouses (Knapp, 1971) have been differentiated using the POI.

Knapp (1971) reports that Meredith (1967) related POI variables to the Guilford-Zimmerman Temperament Survey and to the Sixteen Personality Factor Questionnaire. Correlations with Inner Direction and G-Z factors depict self-actualizing students as active, ascendant,

sociable, emotionally stable and objective. Significant correlations against 16PF scales depict the self-actualizing individual as more assertive, happy-go-lucky, expedient, venturesome and self-assured. Due to the relatively low correlations between these instruments, it was indicated they are measuring different aspects of personality.

There is initial work in establishing construct validity. Maslow (1962) has emphasized the creativeness of the self-actualizing individual as well as the ability to resist enculturation. Braun and Asta (1968), investigating the relationship between the POI and the Gordon Personal Orientation Inventory (GPI), found significant correlation between the Original Thinking scale of the GPI, and the Time Competence, Self-Actualizing Value, Self-Regard, Nature of Man, and Synergy scales of the POI. Hekmat and Theiss (1971) studied resistance to enculturation through a social conditioning technique. Prior to conditioning the high self-actualizing individuals (as assessed by the POI) showed a significantly higher rate of affective self-disclosures than the moderate or low self-actualizing group. However, during conditioning (by reflection of feeling as a reinforcer for self disclosures), the high self-actualizing individuals showed a significantly lower degree of responsiveness to social reinforcement when compared to the low and moderate self-actualizers. The results were interpreted as indication that high self-actualizing individuals resist enculturation.

Two of the factor analytic studies done report conflicting results. Silverstein and Fisher (1972) found similarity between the

factor structure of the overlapping items and the factor structure from empirical data. Factor I was loaded by Inner Direction, Feeling Reactivity, Acceptance of Aggression, and Capacity for Intimate Contact; Factor II by Self-Actualizing Value, Nature of Man and Synergy; and Factor III by Inner Direction and Self-Acceptance. Tosi and Hoffman (1972) administered the POI to 132 undergraduate students and attempted to determine which group of subscales could be interpreted as separate constructs. The following factors were presented. Factor I (Extroversion), highly loaded with scores on Acceptance of Aggression, Spontaneity and Feeling Reactivity; Factor II (Open-mindedness), Nature of Man, Time Competence, and Self-Actualizing Value; Factor III (Existential Non-Conformity), Existentiality, Self-Acceptance and Capacity for Intimate Contact. Knapp (1971) states that factor analytic studies appear "to have added little to an understanding of the Inventory content or of the concept of self-actualization (p. 11)." Methodological difficulties, the number of overlapping items on the POI scales and the characteristics of the instrument "confound the results."

(f) Reliability of the POI

Shostrom (1966) reports a test-retest reliability study done by Klavelter where the POI was administered twice, a week apart, to a sample of 48 undergraduate college students. Reliability coefficients for the major scales of Time Competence and Inner-Direction are .71 and .84 respectively. Coefficients for the subscales range from .55 to .85.

Ilardi and May (1968) in a longitudinal one year, test-retest study done with female nursing students (N = 46) found the range of product-moment correlations for the 12 subscales was from .32 to .71 (median r = .58), with the major scales of Time Competence and Inner-Direction yielding correlations of .55 and .71 respectively. All but one of these correlations are significant at better than the point .005 level with a one-tail test. The correlation for one scale, Feeling Reactivity was significant at the .025 level.

> The findings reported on the POI are well within the ranges of somewhat comparable MMPI and EPPS test-retest reliability study (p. 71).

(g) Effects of Faking

The POI has been shown to be generally resistant to faking and not easily distorted in a predictable positive direction. "Inspection of the fake good profile will show that it is not representative of the profiles of self-actualized individuals" (Shostrom, 1966, p. 22). Foulds and Warehime (1971) concluded that conceptions of the "well-adjusted person" in our society are not entirely congruent with the model of the "self-actualizing person" followed in the development of the POI (p. 280). According to a study by Braun and LaFaro (1969), "Unless subjects have special information about the POI and self-actualization, the inventory shows an unexpected resistance to faking (p. 299)." [underlining the writer's]

The Modified Carkhuff Helpee Stimulus Expressions

The tape, comprised of 16 modified Carkhuff client statements

was presented in the language laboratory. Replies of the students were tape recorded. Each statement, of not more than two minutes duration, was followed by one minute of silence.

Following Carkhuff (1969a), the client expressions tape, representing client statements, crossed three dominant affect areas with five dominant content areas. The affect areas included the following: (a) anger-hostility; (b) depression-distress; (c) elation-excitement. The content areas included the following: (a) social-interpersonal; (b) educational-vocational; (c) child-rearing; (d) sexual-marital; (e) confrontation of the counsellor. The excerpts were arranged so that each affect area was matched with each content area. These communications were in random order with the following restrictions:

1. In each half of the 16 communications there were four male client statements and four female client statements.
2. There were never two communications from the same sex following one another.
3. The affect areas are roughly balanced in each half, that is the first half contained two elation, three anger, and three depression statements and the second half contained three elation, three anger and two depression statements (Appendix B).

An advantage of using these taped statements was that contamination was eliminated due to differences in vocal quality, pauses, inflections, etc. and in the possible vast variations in client

material presented, i.e., there was control of content and setting. The advantage is also apparent in that subjects in this study gave verbal rather than written responses to the simulated client, staying closer to what would be their role in an actual counselling situation.

The Accurate Empathy Scale

The accurate empathy scale, first developed by Truax (1961) and modified by Carkhuff and Berenson (1967), measures the degree to which a helper responds to a helpee's feelings and behavior on a moment-by-moment basis. The scale was designed for use with interaction samples (therapist-client-therapist; client-therapist-client; client-therapist) of tape recorded counselling sessions and have subsequently been used with videotapes or written transcripts. Judges, trained in the use of the scale, rate the level at which the counsellor responded. Five levels are specified (Carkhuff, 1969a). They are as follows:

Level 1. The therapist does not attend to and detracts significantly from the client's verbal and behavioral expressions. He communicates significantly less of the client's feelings and experiences than the client has communicated himself.

Level 2. Whereas the therapist responds to the expressed feelings, noticeable affect is substracted.

Level 3. This is considered the minimal facilitative level of accurate empathy. The response of the therapist is interchangeable in affect and meaning with that of the client,

i.e., the therapist neither detracts from nor enhances the affect and meaning of the client's statement.

Level 4. At level 4, responses by the therapist add "noticeably." Feelings are expressed at a deeper level than by the client.

Level 5. Here the therapist accurately expresses feelings much deeper than what the client is able to express. Significant feeling and meaning is added to the client statement.

(a) Validity of the Accurate Empathy Scale

The accurate empathy scale has been largely validated through research related to various outcome measures of both professional and nonprofessional helping relationships (Carkhuff & Berenson, 1967; Carkhuff, 1972b).

Although there is much empirical outcome validation evidence, several problems in validating the Carkhuff scales are apparent. The degree of validity of the Carkhuff Communicator Index has been indicated to be largely a function of the particular raters who employ the scales (Carkhuff et al., 1968; Lehman, Ban & Donald, 1965). As well there is evidence that the individual scales, such as empathy, may not be independent of the other scales such as warmth and genuineness (Barrett-Lennard, 1962; Mills & Zytowski, 1967; Delaney et al., 1969; Muehlberg et al., 1969).

Beyond these limitations, high level functioning helpers versus low level functioning helpers have consistently produced significant increases on various criterion for improvement. Outcome criterion include patient interpersonal functioning measured on empathy,

positive regard, genuineness, concreteness and self-disclosure (Pagell, Carkhuff & Berenson, 1967; Pierce & Drasgow, 1969); overall improvement of patient behavior as rated by ward personnel (Carkhuff & Truax, 1965a, 1965b); parents' level of communication (Carkhuff & Bierman, 1970); student educational achievement (Aspy, 1969); counsellor trainee level of interpersonal functioning (Pierce et al., 1967); and supervisee (counselling students) level of interpersonal functioning (Pierce et al., 1967; Pierce & Schauble, 1970, 1971). Additional validity is reported by Carkhuff (1972a, 1972b); Carkhuff & Berenson (1967) and Truax and Mitchell (1971).

(b) Reliability of the Accurate Empathy Scale

Acceptable indices of test reliability and inter/intrarater reliability have been reported for the communication scales in the following studies: Cannon and Carkhuff (1969); Carkhuff et al. (1968); Carkhuff (1969a); and Kratochvil (1969).

Cannon and Carkhuff (1969) found Pearson Product-Moment correlations for two trained raters. Individual rate-rerate reliabilities employing gross ratings were .95 and .93. Inter-rater reliability was .89. Carkhuff et al. (1968) determined Pearson r's on intrarater reliabilities on the individual counsellor offered dimensions. Intrarater correlations for empathy were .90; .99 and .94. The inter-rater reliabilities were .88, .87 and .85.

The Non-Immediacy Scale

Nine basic types or categories of verbal non-immediacy have

been delineated (Appendix A). Communications are scored by raters in terms of the number of non-immediate words per communication unit, usually simple sentences and independent clauses (including any dependent clauses which are part of the independent clause) (Wiener & Mehrabian, 1968). According to this type of unit division "I talked to X and went shopping with X," or "I talked to X and we decided to go shopping," or "I called and talked to him," are each two units, i.e., a compound verb which expresses more than one relationship between the subject and the object has been employed. The length of a typed line was used by Roth (1973) and would seem to simplify the initial stage of rating non-immediacy, i.e., determining what constitutes the particular communication unit to be assessed.

(a) Validity of the Non-Immediacy Scale

Verbal non-immediacy has been defined as

> any indication of separation, non-identity, attenuation of directness, or change in intensity of interaction among the communicator, the addressee, the object of communication, or the communication (Wiener & Mehrabian, 1968, p. 32).

Validation evidence reported largely supports the assumption that non-immediacy is related to the degree of the communicator's negative affective, evaluative or preferential attitude or his experience of "psychological distance" toward the object communicated about (in contrast to negative affect regarding the act of communication itself). The validity reported on non-immediacy is predominantly empirical. Kaplan (1953) found that subjects who were instructed to say favorable things about something which was not preferred by them

showed a shift to more non-immediate verbal patterns. Other studies indicate higher non-immediacy in verbal communications about negatively evaluated events, including experimentally induced failure (Butters, Kellner & Wiener, 1965; Mehrabian & Wiener, 1966; Gottlieb, Wiener & Mehrabian, 1967) and disliked persons (Mehrabian & Wiener, 1966; Mehrabian, 1966a). More specifically, Mehrabian and Wiener (1966) found more non-immediacy in written statements about disliked people or events than in statements about liked people or events; Mehrabian (1966a) found more non-immediacy in spoken communications about disliked people than liked people. In addition to indicating a speaker's attitudes and feelings to trained judges, non-immediate communications were judged significantly more negative by untrained judges when the non-immediacy indicators were made focal through contrast in a pair of statements (Mehrabian, 1966b, 1967a). Mehrabian (1968) found that untrained judges consistently interpreted speech immediacy to infer attitudes when provided with information about the degree of speech immediacy appropriate or expected in a given context.

(b) Reliability of the Non-Immediacy Scale

Mehrabian and Wiener (1966) found the coefficient of linear correlation between the pairs of mean non-immediacy scale scores assigned by two judges was .80 ($p < .001$). Mehrabian (1967b) reported a reliability on both frequency of agreement in dividing statements into communication units and agreement in assigning a non-immediacy score to the unit (.68). However, he stated that an

alternative method of scording reliability is to use the coefficient of correlation between non-immediacy scores assigned by two judges. Using this method, Mehrabian (1967b) reported a reliability of .83 on the same data.

Using the length of a typed line as the communication unit Roth (1973) and Kuiken and Roth (1973) report interjudge reliabilities of .80 and .72 respectively.

Data Collection and Scoring Methods

Data Collection

Data for the present study were collected while all subjects were in the first half of the counselling practicum. In mid-September 1973 the students completed the Personal Orientation Inventory (POI) and responded to the taped client statements in the language lab where their verbal responses were recorded. In mid-January the entire procedure was repeated.

Although the original sample contained a total of 27 students, two dropped out of the experiment and data from one student was discarded from the posttest as the tape recording was unintelligible.

In the language laboratory, the students were presented with the tape of modified Carkhuff Client Statements, to which they were to verbally respond as in a simulated counselling setting. The students were given an introduction to the research. They were told their results would be kept confidential and that no one would have access to any data until it was number coded.

They were informed that the results of this project would be made available to them after Christmas. Instructions were given as to the use of the headphones and adjusting the loudness of the client expressions tape and the investigators phone when she used her headphones. The only task with the equipment required of the students was that they turn on the tape deck power switch.

A practice session, where they responded to three statements, was given to familiarize them with the equipment with speaking into the microphones of the headsets and hearing their voice feedback through the earphones.

In the actual test situation the Ss were presented with the 16 client statements and asked to make a verbal reply "as you would if you were in an actual counselling situation in which the client actually says what you hear on the tape."

The following instructions were given:

> The procedure will be like this. First, you will hear a click on the tape which indicates that the client is about to speak. Then you will hear a brief but realistic statement given by a client. Then, when the client has finished speaking you will have one minute to respond to what the client says. You may use as much of the time, as you find necessary or desirable. That is up to you, but after the one minute interval you will hear another 'click.' When you hear the click stop speaking immediately. Do not complete your communication because another client communication will follow immediately after you hear the click. . . . The procedure will be repeated until you have heard a total of 16 client statements.

Following the final data collection, the audio tapes were typed, the tapescripts checked with the audio tapes, and then rated on the dimensions of accurate empathy and non-immediacy.

The Rating of Accurate Empathy

Three raters, with experience in therapy, rated the tapescripts using the Accurate Empathy Scale (Carkhuff, 1969a). Using experienced therapists is a valid procedure as the level of functioning of the raters is seen to be most important in rating (Cannon & Carkhuff, 1969), although "the results may be impossible to replicate . . . if the raters have knowledge of psychotherapy" (Truax & Mitchell, 1971). An analysis of variance with repeated measures among the three raters (Wiener, 1962) produced a .94 reliability on 32 statements used for training. Following the training, the tapescripts were rated independently by the raters with both the pretest and posttest in random order.

The Rating of Non-Immediacy

Generally non-immediacy is rated on data collected when subjects write or talk about disliked versus liked topics. A difference in this study was that disliked areas were considered to be responding to negative affect or anger in the simulated clients; liked areas were considered to be responding to excitement or elation areas.

In this study the communication unit was a typed line measuring six and a half inches, rather than a simple sentence.

The tapescripts were rated for non-immediacy by an experienced rater. The boundary conditions (counsellor responding to the 16 client statements) were given to the rater. Inter-rater reliability of .80 (N = 18) established with this rater and another rater was obtained in

a previous study (Roth, 1973).

Analysis of the Data

Mean scores were computed for the pretest and the posttest on the dimensions of total empathy and empathy for responses to areas of elation, depression and anger. Differences between pretest and posttest means were tested for significance by *t* tests. Similarly differences between pairs of mean scores for the measures of empathy in the areas of elation, depression and anger were determined and tested, for the pretest and the posttest separately.

With non-immediacy, as with empathy, mean scores were computed for total non-immediacy and non-immediacy in relation to areas of elation, depression and anger, both on the pretest and the posttest. These mean differences were tested for significance using *t* tests.

Mean scores were computed for the pretest and the posttest on the twelve scales of the POI and the differences between these means were tested for significance with *t* tests.

A correlation matrix was computed among all the measures of empathy, non-immediacy and the scales of the POI obtained on the pretest and the posttest.

CHAPTER V

RESULTS

Chapter V consists of a restatement of the hypotheses and the related experimental findings.

Hypothesis I

There will be an increase in the overall level of accurate response to the feelings and attitudes of a simulated client (accurate empathy) during the period from pretest to posttest.

Results related to Hypothesis I are given in Table I. For total empathy there was a significant positive change between the pretest and the posttest. Although a change was not hypothesized for the specific feeling areas, a significant positive change for measures of empathy related to feeling areas of elation and depression was found between pretest and posttest. For the measure of empathy in response to an angry statement, the change was also in a positive direction but did not reach the .05 level of significance. It appears that subjects experienced positive changes in their levels of empathy after participating in the counsellor education program, particularly in the areas related to elation and depression. Students may have found it easier to increase empathy in areas of elation and depression than in the area of anger.

TABLE I

CHANGE IN THE MEAN LEVEL OF TOTAL EMPATHY AND IN THE MEAN LEVELS OF EMPATHY IN RESPONSE TO AREAS OF ELATION, DEPRESSION AND ANGER

	Pretest		Posttest			
	$\bar{X}$	SD	$\bar{X}$	SD	t	p
Total empathy	1.956	.529	2.200	.559	2.784	.0106
Empathy: elation	2.149	.555	2.394	.553	3.958	.0006
Empathy: depression	1.869	.595	2.154	.617	2.152	.0421
Empathy: anger	1.850	.608	2.048	.680	1.491	.1496

Hypothesis II

The level of accurate response to the client's feelings and attitudes will be greater for the area of (a) elation, less for the area of (b) depression, and least for the area of (c) anger.

The pretest means for levels of empathy in response to areas of elation, depression and anger in that order are 2.149; 1.869; and 1.850. The posttest means, in the same order are 2.394; 2.154; and 2.048 (Table I). However, the difference reached the .05 level of significance only in the cases of elation and depression, and elation and anger, on the pretest, and in the case of elation and anger in the posttest (Table II). As well as the changes in empathy, these

differences in levels of empathy at pretest and posttest also corresponded to different feeling areas. It appears that subjects consistently found it easier to respond to feelings of elation than anger.

TABLE II

DIFFERENCES BETWEEN THE MEAN LEVELS OF EMPATHY IN RESPONSE TO AREAS OF ELATION, DEPRESSION AND ANGER

	Affect	$\bar{X}$	Affect	$\bar{X}$	t	p
	Elation	2.149	Depression	1.869	1.700	.05
Pretest	Elation	2.149	Anger	1.850	1.780	.05
	Depression	1.869	Anger	1.850	0.110	N.S.
	Elation	2.394	Depression	2.154	1.420	N.S.
Posttest	Elation	2.394	Anger	2.048	1.944	.05
	Depression	2.154	Anger	2.048	0.582	N.S.

Hypothesis III

There will be no significant differences on the dimensions of (a) self-actualization or on (b) the other selected dimensions of self-actualization of the students between pretest and posttest.

Part (a) of this null hypothesis was rejected; subjects did show significant change on self-actualization as measured by the

Inner-Directedness dimension. Part (b) was accepted. Table III summarizes the means, standard deviations and differences between pretest and posttest means for self-actualization (Inner-Directedness) and the other dimensions of the POI. It is difficult to know specifically what the relevance of the change on Inner-Direction is in that other scales of the POI containing the same items as the Inner-Directedness scale showed no change. This will be discussed further in Chapter VI.

TABLE III

DIFFERENCES BETWEEN MEANS ON DIMENSIONS OF THE POI

	Pretest		Posttest			
	$\bar{X}$	SD	$\bar{X}$	SD	t	P
Inner-Directedness	95.042	8.394	98.792	11.456	2.822	.0097
Feeling Reactivity	17.458	2.432	18.458	2.944	2.000	.0575
Spontaneity	14.000	2.582	14.667	2.779	1.737	.0958
Self-Regard	13.208	1.802	13.417	1.778	0.722	.4776
Self-Acceptance	18.292	3.272	18.375	3.238	0.180	.8584
Acceptance of Aggression	16.417	2.379	17.125	2.697	1.296	.2079
Capacity for Intimate Contact	20.917	2.564	21.625	2.766	1.673	.1079

Hypothesis IV

Hypothesis IV was previously stated in the null form as follows:

There will be no relationship between the overall level of response to a client's feelings and experience (total empathy) and the selected dimensions of self-actualization:

(a) self-actualization

(b) sensitivity to one's own feelings

(c) the expression of these feelings spontaneously

(d) sense of self-worth

(e) acceptance of self with strengths and weaknesses

(f) acceptance of angry feelings

(g) ability to develop meaningful relationships

The null hypothesis was confirmed. Table IV summarizes the relationships between total empathy and the selected POI dimensions.

Hypothesis V (a)

There will be a positive relationship between the level of response to the client's angry feelings and attitudes (accurate empathy) and:

(i) acceptance of self with weaknesses and strengths

(ii) acceptance of anger

(iii) sense of self-worth

Hypothesis V (b)

There will be a negative relationship between the directness of response to the client's angry feelings and attitudes (non-immediacy)

TABLE IV

CORRELATIONS BETWEEN TOTAL EMPATHY AND DIMENSIONS ON THE POI

	Pretest		Posttest	
	r	p	r	p
Inner-Directedness	.323	.123	.298	.157
Feeling Reactivity	.448	.028	.214	.316
Spontaneity	.261	.218	.313	.136
Self-Regard	-.066	.760	-.045	.833
Self-Acceptance	.255	.291	.239	.261
Acceptance of Aggression	-.040	.852	-.050	.816
Capacity for Intimate Contact	.310	.141	.391	.059

and:

(i) acceptance of self with weaknesses and strengths

(ii) acceptance of anger

(iii) sense of self-worth

Hypothesis V (a) and (b) were not confirmed. There were no significant relationships between either empathy or non-immediacy in response to a client's angry feelings and the counsellor's self-report on these selected dimensions of the POI.

Additional findings regarding the breakdown of empathy and non-immediacy in response to areas of elation, depression and anger, and

the POI dimensions are found in Appendix C.

TABLE V

CORRELATIONS BETWEEN MEASURES OF EMPATHY AND NON-IMMEDIACY IN RESPONSE TO ANGRY CLIENT STATEMENTS AND THREE SELECTED DIMENSIONS OF THE POI

	Empathy				Non-Immediacy			
	Pretest		Posttest		Pretest		Posttest	
	r	p	r	p	r	p	r	p
Self-Acceptance	.195	.361	.189	.377	.332	.126	-.258	.223
Acceptance of Aggression	-.085	.694	-.024	.912	.184	.389	-.140	.515
Self-Regard	-.098	.650	-.057	.792	.073	.734	.046	.830

Hypothesis VI

There will be a negative relationship between total empathy and non-immediacy.

The hypothesis was not confirmed. A significant inverse relationship was found between scores of empathy and non-immediacy on the pretest only although the direction of change for the two variables was the same. The correlation between empathy and non-immediacy on the pretest was -.509 ($p = .011$). Posttest, the correlation is -.373 ($p = .073$).

The remaining relationships between empathy and non-immediacy are reported in Appendix D.

CHAPTER VI

LIMITATIONS, DISCUSSION AND IMPLICATIONS

Limitations

Limitations of the Design

1. The most obvious limitations of this study include the sample size (N = 24) and the lack of a control group. Findings are thus restricted to this particular group. "The amount of gain in a training group should be compared with the amount of gain which would occur . . . without training" (Resnikoff, 1972, p. 50).

2. A further limiting aspect of this study was that the time duration between pretesting and posttesting was approximately three months. It is possible that levels of empathy would have increased to facilitative levels had the students had more time in classes and with clients to learn and practice the skill. Assuming that personal growth usually occurs over time, it is difficult to attribute the self-reported personal change to taking part in the counsellor education program.

3. Carkhuff and Berenson (1967) stress the importance of knowing the level of functioning of supervisors. Their assumption is that high-level trainers appear to produce high-level trainees and that low-level trainers appear to produce low-level trainees. Hence with this study whether the level of empathy of the students is related to the levels of communication of the supervisors cannot be known. Thus another limitation of this study is the lack of a measure

of the level of empathy of the supervisor-trainers.

4. Responses to the taped empathy statements lack the quality of face-to-face contact. Therefore it is a limitation that there are no measures of empathy for students in actual counselling situations.

Limitations of the Instruments

1. The Personal Orientation Inventory

The use of the POI as a growth measure of individuals sophisticated in self-actualization theory is perhaps limited. According to Shostrom (1966), a number of student profiles were so high on the POI as to suggest pseudo-self-actualization. Such elevated scores may be due to the students answering in a socially desirable way (i.e., counsellor students appear to value the concepts of inner-directedness, spontaneity, etc.). Braun and La Faro (1969) emphasized the importance of subjects not being familiar with information about the POI or concepts of self-actualization. Shostrom (1973a) in fact states "the two groups receiving information about the concept of actualization achieved consistently more favorable scores (p. 480)." At least part of the counselling group had information about self-actualization on the pretest and all had been exposed to the theory by the posttest. Whether their scores were true representations of themselves or not is not possible to determine without another outside measure of self-actualizing behavior.

Treppa and Frickle (1972) suggested that individuals may become more "self-actualized" once they have expressed the desire to do so, independently of the experience of their subjects, i.e., in both the

experimental and control groups, subjects showed significant positive change on posttest and on the six-week follow-up. Secondly, it was suggested that repeated testing of the same subjects on the same test which emphasizes self-examination may have accounted for positive change in both groups. Third it was suggested several procedures for assessing self-actualization rather than only the POI are needed to assess the effects of treatment. Young and Jacobson (1970) administered the POI four days before and four days after volunteer participation in a fifteen-hour marathon group experience. In the experimental condition there was a significant pretest-posttest increase on the Self-Actualizing Value scale; in the control condition a significant difference between pretest and posttest was found on the Existentiality scale. This did not, however, significantly differentiate them from experimental subjects. The improved scores of the control group were again speculated to be the result of repetitive experience with a test that emphasizes self-reflection.

2. The Accurate Empathy Scale

The accurate empathy scale lacks specific direction in terms of the therapist behavior with respect to the levels of functioning. For example, Level 2 reads as follows: "While the helper responds to the expressed feelings of the helpee(s), he does so in such a way that he subtracts noticeable affect from the communication of the helpee" (Carkhuff, 1969a, p. 174). The criteria for labelling this behavior as Level 2 are not clear, and ignore specific reference to verbal cues such as vocal qualities or language used, or non-verbal

cues such as eye contact, posture or facial expression, which effect communication. Therefore the rating essentially becomes an idiosyncratic interpretation process (Vander Well & Williams, 1974).

Although much is left to the raters interpretation of what behavior is associated with a particular level of the scale, this is not to say that the scale is not reliable. Groups of raters still have high reliability in that consensus is reached about what attributes are desirable for each level. For example, Shapiro (1968) showed that both trained and untrained raters reliably rated behavior as measured by the Truax-Carkhuff scales using video-tapes or still photographs of counsellors. However, if specific behaviors were pinpointed in relation to the particular level, it would seem that the skill of accurate empathy could be behaviorally outlined. This would benefit others wanting to model and learn such a skill.

3. The Non-Immediacy Scale

(a) One limitation for using the non-immediacy veriable pertains to the prior limited evidence available indicating it is in fact a measure of psychological well-being.

(b) A major drawback using the non-immediacy scale of Wiener and Mehrabian is that the measure is taken only of non-immediacy. This necessitates making inferences about levels of immediacy from measures of non-immediacy and neglects any direct measure of immediacy. The immediacy content of statements might also be regarded in the procedure for scoring and a ratio of non-immediacy to immediacy statements be used to give a more accurate and complete

picture for this variable.

Discussion of Results and Implications

1. A significant change in the mean level of total empathy and the mean level of empathy in response to elation and depression, but not anger, was found between the pretest and the posttest. However the mean level in each area was below the minimal facilitative level, level 3 (Table I). (The mean level of empathy posttest for the student group was 2.2 with a range from 1.07 to 3.06.) Thus participation in the counsellor education program appears to have increased levels of empathy. There was no change in the level of response to anger. The level of response to elation was significantly higher than the level of response to anger both on the pretest and the posttest. These results seem to indicate the students had greatest difficulty in responding to negative affect.

Thus, although there were changes in empathy, empathy training in the future counsellor education program appears to need more systematic implementation with students frequently practicing and receiving feedback about their levels of empathy with each other, with supervisors and with clients.

As well, a particular focus is needed in terms of learning to accept and express negative feelings in themselves and others as part of a constructive, growthful process. Arbuckle (1968) states: "If the supervisor . . . is not sensitive to, and acceptant of the hostility of the student counsellor, then one might wonder if he can help

the student counselor to become more acceptant and understanding of the hostility of the client (p. 434)." This may be "taught" through being in contact with supervisor-models, through group experiences where negative feelings such as anger are felt to be accepted and valued, or through such special workshops as the "aggression labs" of Bach and Bernhard which "retrain people and groups in how to use their aggression more effectively" (1971, p. 1).

2. Similar to the research of Carkhuff (1969a), it was found that there was no relationship between the levels of empathy and the grades of the students. In that empathy is one dimension purported to be valued and taught in the counsellor education program it would seem reasonable that their levels of communication with clients be rated by trained raters and that these ratings be included in the graded evaluation of the counsellor trainees.

3. As stated before, the relevance of the increase in Inner-Directedness of the counsellor students is difficult to interpret. As previously reviewed, change studies with counsellor students seemed to indicate change on the POI was related to the particular group and training experience.

One difficulty in interpreting the major scale of self-actualization (Inner-Directedness) as a growth measure is that this scale has been positively related to age, year in college, marital status, satisfaction with college, number of hours worked per week, infrequent attendance at religious services, political liberalism and identification with an academic or nonconformist subculture (La Bach, 1969).

Shostrom (1966) reports significant correlations between the Inner-Directedness Scale and the Political Scale (.33) and the Religious Scale (-.27) of the Allport-Vernon Study of Values.

Another difficulty in interpretation is again related to the fact that the students on both the pretest as well as the posttest were already in the self-actualizing range (Appendix E). Culbert, Clark and Bobele (1968) studied two groups of university students using the POI. One group had above average scores at the beginning of the study while the other group had lower than average scores. After a "group experience," results for the low-self-actualizers indicated significantly higher POI scores on Inner-Directedness, Spontaneity, Synergy, and Capacity for Intimate Contact. None of the POI changes in the high-self-actualizing group reached significance. It was concluded that initial level of self-actualization as measured by the POI would appear to be important in interpretation of studies of change.

Further research as to what the POI measures with individuals sophisticated in self-actualizing theory or already scoring in the high-self-actualizing range is obviously needed.

4. There was an increase in the mean level of empathy and self-actualization (Inner-Directedness). However these changes were independent of each other. (The correlation between the change on empathy and the change on Inner-Directedness was .20.) In addition no relationship was found between the POI scales of self-acceptance, acceptance of aggression and self-regard, and either measures of

empathy or non-immediacy (both theoretically related to self-acceptance) in response to angry client statements. It appears that students learned to increase their levels of communicated empathy independent of increases on the selected self-reported self-actualization dimensions. Thus with this sample, predictions that high levels of communication will be associated with scores within the self-actualizing range on the POI cannot be made, i.e., prediction from dimensions of the POI to levels of empathy and non-immediacy, and vice versa, are not possible.

At the same time, these relationships between the concepts of self-actualization and levels of communication may exist. Perhaps one reason for finding no significant relationships between the POI dimensions and the communication scales is the instrumentation. As mentioned previously, the POI lends itself to distortion based on perceived expectations of what are valued counsellor traits or on previous knowledge of self-actualization. With this group the mean scores on the POI dimensions may have been elevated. Secondly, there was a limited range of scores obtained on the POI. This could have well affected the relationships between dimensions of self-actualization and levels of empathy. Another possible reason no relationships were found is the unknown effects of the language lab on the levels of empathy of the students.

5. Although there was no significant relationship between the levels of group empathy and non-immediacy, there is a trend in the direction of such a relationship. Empathy and non-immediacy were

significantly related on the pretest. Empathy increased significantly between the pretest and the posttest; non-immediacy did not change significantly but the direction of change was the same, i.e., increased immediacy. Perhaps the difference in the relationship between the variables on the pretest and the posttest, and the difference in the degree of change, was related to the attention given in the counsellor education program to training in empathy but not in immediacy. The concept of verbal non-immediacy could be taught in future years to the counsellor trainees.

In summary, the implications for future counsellor programs are:

1. To more systematically teach the skill of empathy with a focus on accepting negative feelings, particularly anger, as part of a constructive process.

2. To rate the students' levels of empathy during counsellor-client interviews using trained raters and include these ratings of empathy in the students' evaluations and in the grading process.

3. To introduce the concept of non-immediacy and its use as a scale in examining verbal interaction.

Suggestions for Further Research

A control group is very important in determining the effectiveness of future training of empathy in the counsellor education program. A larger sample size would also be desirable. As well, it seems important that the empathy level of supervisors and trainers

be known when further research in this area is done. Otherwise it is not even possible to make inferences about the effects of supervision and classes upon the level of facilitative communication of the students.

Ratings of empathy in actual counsellor-client situations to gain better insight into the students face-to-face level of communication with a "real" client seems warranted. For example, students could submit audio- or video-tapes of their first session with three clients for initial ratings on empathy. Ratings of empathy at a later date could be done from audio- or video-tapes with three clients they had seen at least four times.

Further work to explore the relationship between empathy and non-immediacy could be done by examining high level empathy statements (level 3 and above) for non-immediacy and low level empathy statements (levels 1 and 2) for non-immediacy.

Attention to specific categories of the Wiener and Mehrabian non-immediacy scale and empathy seems warranted. For example, the Spatial Category showed a significant correlation on the posttest with all measures of empathy (Appendix D). The Modified Category which includes phrases such as "it seems," "I feel" (think, find, believe); and "probably, really, obviously . . ." in comparison with other categories appeared to account for much of the total non-immediacy of the counselling students. It may be that this type of modification is used more frequently by this group than others.

Another area open to investigation is examining levels of

empathy in situations where empathic responses are expected (i.e., the test situations, counsellor-client interactions) versus in situations where the expectancies are not as obvious. For example, several students who had been rated low (level 1 or slightly above) on empathy in the test situation responded empathically to the investigators discomfort about discussing the low results when in an individual feedback session about their test results. In the future levels of communication during structured feedback sessions (i.e., investigator's behavior as similar as possible with all students; investigator reporting the same results to all, etc.) might be taped, rated and compared to levels of communication in either an actual client session or in a test situation. The purpose behind such an investigation is to explore which students appear to learn empathy as a technique to be used selectively and which students appear to learn the skill and make use of facilitative communication in varied interpersonal contacts, i.e., communication at high levels as a way of life. The assumption is that those who use higher levels of communication more consistently have integrated the attitudes and the skills more totally within their personality.

REFERENCES

REFERENCES

Arbuckle, D. S. Counseling effectiveness and related issues. Journal of Counseling Psychology, 1968, 15, 430-435.

Aspy, D. The effect of teacher-offered conditions of empathy, positive regard, and congruence upon student achievement. Florida Journal of Educational Research, 1969, 11, 39-48.

Aubry, W. E. An analysis of a one-week workshop for developing self-actualization and effective interpersonal behavior. Unpublished doctoral dissertation, The University of Arizona, 1970.

Bach, G., & Gerhard, Y. Aggression lab: The fair fight training manual. Dubuque, Iowa: Kendall/Hunt, 1971.

Barrett-Lennard, G. T. Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 1962, 76 (43, Whole No. 562).

Bateson, G., Jackson, D. D., Haley, J., & Weakland, J. Toward a theory of schizophrenia. Behavioral Science, 1956, 1, 251-264.

Berlin, J. Some autonomic correlates of therapeutic conditions in interpersonal relationships. Unpublished doctoral dissertation, University of Chicago, 1960.

Blackman, N., Smith, K., Brockman, R. J., & Stern, J. A. The development of empathy in male schizophrenics. Psychiatric Quarterly, 1958, 32, 546-553.

Braun, J. R., & Asta, P. Intercorrelations between Personal Orientation Inventory and Gordon Personal Inventory Scores. Psychological Reports, 1968, 23, 1197-1198.

Braun, J. R., & La Faro, D. A further study of the fakability of the Personal Orientation Inventory. Journal of Clinical Psychology, 1969, 25, 296-299.

Bugental, J. F. T. The search for authenticity. New York: Holt, Rinehart and Winston, 1965.

Butters, N., Kellner, H., & Wiener, M. Schedules of reinforcement and individual differences in learning and recall. Psychological Reports, 1965, 17, 3-9.

Cannon, J. R., & Carkhuff, R. R. Effects of rater level of functioning and experience upon the discrimination of facilitative conditions. Journal of Consulting and Clinical Psychology, 1969, 33, 189-194.

Carkhuff, R. R. Helping and human relations, Vols. I & II. New York: Holt, Rinehart and Winston, 1969.(a)

Carkhuff, R. R. The prediction of the effects of teacher-counselor education: The development of communication and discrimination selection indexes. Counselor Education and Supervision, 1969, 8, 265-272.(b)

Carkhuff, R. R. Major contributions: The development of systematic human resource development models. Counselling Psychologist, 1972, 3, 4-11.(a)

Carkhuff, R. R. Rejoinder: What's it all about anyway? Some reflections on helping and human resource development models. The Counseling Psychologist, 1972, 3, 79-87.(b)

Carkhuff, R. R., & Berenson, B. G. Beyond counseling and therapy. Toronto: Holt, Rinehart and Winston, 1967.

Carkhuff, R. R., & Bierman, R. Training as a preferred mode of treatment of parents of emotionally disturbed children. Journal of Counselling Psychology, 1970, 17, 157-161.

Carkhuff, R. R., Kratochvil, D., & Friel, T. Effects of professional training: Communication and discrimination of facilitative conditions. Journal of Counseling Psychology, 1968, 15, 68-74.

Carkhuff, R. R., & Truax, C. B. Lay mental health counseling: The effectiveness of lay group counseling. Journal of Consulting Psychology, 1965, 29, 426-537.(a)

Carkhuff, R. R., & Truax, C. B. Training in counseling and psychotherapy: An evaluation of an integrated didactic and experiential approach. Journal of Consulting Psychology, 1965, 29, 333-337.(b)

Culbert, S. A., Clark, J. V., & Bobele, H. K. Measures of change toward self-actualization in two sensitivity training groups. Journal of Counselling Psychology, 1968, 15, 53-57.

Damm, V. J. Overall measures of self-actualization derived from the Personal Orientation Inventory. Educational and Psychological Measurement, 1969, 29, 977-981.

Delaney, D. J., Long, T. J., Masucci, M. J., & Moses, H. A. Skill acquisition and perception change of counselor candidates during practicum. Counselor Education and Supervision, 1969, 8, 273-282.

Deutsch, F., & Murphy, W. F. The clinical interview. New York: International Universities Press, 1955.

Dublin, J. E. Reactions of A and B therapist "types" to verbal non-immediacy in neurotic and schizoid communications (Doctoral dissertation, University of Kentucky, 1969), Ann Arbor, Michigan: University Microfilms, 1970, No. 70-12, 347.

Dublin, J. E., & Berzins, J. I. A-B variable and reactions to non-immediacy in neurotic and schizoid communications: A longitudinal analogue of psychotherapy. Journal of Consulting and Clinical Psychology, 1972, 39, 86-93.

Foulds, M. L. Positive mental health and facilitative genuineness during counselling. Personnel and Guidance Journal, 1969, 47, 762-766.(a)

Foulds, M. L. Self-actualization and the communication of facilitative conditions during counseling. Journal of Counseling Psychology, 1969, 16, 132-136.(b)

Foulds, M. L., & Warehime, R. G. Effects of a "fake good" response set on a measure of self-actualization. Journal of Counseling Psychology, 1971, 18, 279-280.

Fox, J. Sex, age, hospitalization and self-actualization. Mimeographed report, 1965 (Results reported in the POI manual).

Gottlieb, R., Wiener, M., & Mehrabian, A. Immediacy, DRQ, and Content in verbalizations about positive and negative experiences. Journal of Personality and Social Psychology, 1967, 7, 266-274.

Graff, R. W., Bradshaw, H. E., Danish, S. J., Austin, B. A., & Altekruse, M. The POI: A validity check, Educational and Psychological Measurement, 1970, 30, 429-432.

Hekmat, H., & Theiss, M. Self-actualization and modification of affective self-disclosures during a social conditioning interview. Journal of Counseling Psychology, 1971, 18, 101-105.

Ilardi, R. L., & May, W. T. A reliability study of Shostrom's Personal Orientation Inventory. Journal of Humanistic Psychology, 1968, 68-72.

Jourard, S. M. The transparent self. Princeton: Van Nostrand, 1964.

Jourard, S. M. Counseling for authenticity. In C. E. Beck (Ed.), Guidelines for guidance, Dubuque, Iowa: W. C. Brown, 1966.

Kaplan, B. An experimental study of the relation of formal aspects of speech behavior to role-taking activity. Unpublished doctoral dissertation, Clark University, 1953.

Knapp, R. R. Relationship of a measure of self-actualization to neuroticism and extraversion. Journal of Consulting Psychology, 1965, 29, 168-172.

Knapp, R. R. The measurement of self-actualization and its theoretical implications -- A report of research based on the Personal Orientation Inventory (POI). San Diego: Educational and Industrial Testing Service, 1971.

Kratochvil, D. Changes in values and in interpersonal functioning of counselor candidates. Counselor Education and Supervision, 1969, 8, 104-107.

Kuiken, D., & Roth, M. C. Self-disclosure and the reciprocity of interpersonal immediacy. Symposium presented at the Canadian Psychological Association, Victoria, B.C., June, 1973.

La Bach, P. Self-actualization in college students: Interrelationships of self-actualization, personal characteristics, and attitudes in subcultures of liberal arts freshman and seniors. Unpublished doctoral dissertation, Kent State University, 1969.

Leib, J. E., & Snyder, W. U. Effects of group discussions on underachievement and self-actualization. Journal of Counseling Psychology, 1967, 14, 282-285.

Lehman, H. E., Ban, T. A., & Donald, M. Rating the rater. Journal of General Psychiatry, 1965, 13, 67-75.

Le May, M. Self-actualization and college achievement for three ability levels. Journal of Counseling Psychology, 1969, 16, 582-583.

Maslow, A. Motivation and personality. New York: Harper, 1954.

Maslow, A. Toward a psychology of being. Princeton: Van Nostrand, 1962

Maslow, A. Self-actualization and beyond. In J. F. T. Bugental (Ed.), Challenges of humanistic psychology. New York: McGraw-Hill, 1967.

Maslow, A. The farther reaches of human nature. New York: Viking, 1971.

Mazer, G. E., & Engle, K. B. Personality and attitude change in counselor trainees: An evaluation. Counselor Education and Supervision, 1971, 10, 273-281.

McClain, E. W. Further validation of the Personal Orientation Inventory: Assessment of self-actualization of school counselors. Journal of Consulting and Clinical Psychology, 1970, 35, 21-22.

Mehrabian, A. Attitudes in relation to the forms of communicator-object relationship in spoken communications. Journal of Personality, 1966, 34, 80-93.(a)

Mehrabian, A. Immediacy: An indicator of attitudes in linguistic communication. Journal of Personality, 1966, 34, 26-34.(b)

Mehrabian, A. Attitudes inferred from neutral verbal communications. Journal of Consulting Psychology, 1967, 31, 414-417.(a)

Mehrabian, A. Attitudes inferred from non-immediacy of verbal communication. Journal of Verbal Learning and Verbal Behavior, 1967, 6, 294-295.(b)

Mehrabian, A. The effect of context on judgments of speaker attitude. Journal of Personality, 1968, 21-32.

Mehrabian, A., & Wiener, M. Non-immediacy between communicator and object of communication in a verbal message: Application to the inference of attitudes. Journal of Consulting Psychology, 1966, 30, 420-425.

Mills, D. H., & Zytowski, D. G. Helping relationship: A structural analysis. Journal of Counseling Psychology, 1967, 14, 193-197.

Muehlberg, N., Pierce, R., & Drasgow, J. A factor analysis of therapeutically facilitative conditions. Journal of Clinical Psychology, 1969, 25, 93-95.

Pagell, W., Carkhuff, R. R., & Berenson, B.G. The predicted differential effects of the level of counselor functioning upon the level of functioning of outpatients. Journal of Clinical Psychology, 1967, 23, 510-512.

Piaget, G. W., Berenson, B. G., & Carkhuff, R. R. Differential effects of the manipulation of therapeutic conditions by high- and moderate-functioning therapists upon high-and low-functioning clients. Journal of Consulting Psychology, 1967, 31, 481-486.

Pierce, R. M., Carkhuff, R. R., & Berenson, B. G. The differential effects of high-and low-functioning counselors upon counselors-in training. Journal of Clinical Psychology, 1967, 23, 212-215.

Pierce, R. M., & Drasgow, J. Teaching facilitative interpersonal functioning to psychiatric inpatients. Journal of Counseling Psychology, 1969, 16, 295-298.

Pierce, R. M., & Schauble, P. G. Graduate training of facilitative counselors: The effects of individual supervision. Journal of Counseling Psychology, 1970, 17, 210-215.

Pierce, R. M., & Schauble, P. G. Follow-up study on the effects of individual supervision in graduate school training. Journal of Counseling Psychology, 1971, 18, 186-187.

Resnikoff, A. A critique of the human resource development model from the viewpoint of rigor. The Counseling Psychologist, 1972, 3, 46-55.

Robertson, S., & Roth, M. C. The relationship between verbal non-immediacy and adjustment (Submitted to The Personnel and Guidance Journal, 1973).

Rogers, C. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21, 95-103.

Rogers, C. R. A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), Psychology: A study of a science, Vol. 3. New York: McGraw-Hill, 1959, 184-256.

Rogers, C. R. A tentative formulation of a general law of interpersonal relationships. From Carl R. Rogers, On becoming a person, Chapter 18 (Boston: Houghton Mifflin Company, 1961), 338-346.

Roth, M. C. The effects of verbal non-immediacy and cognitive incompatibility on the reciprocity of self-disclosure. Unpublished doctoral dissertation, University of Alberta, 1973.

Sawatsky, D., & Calder, P. The development of an integrated program in counsellor education. Mimeographed paper presented at the Counsellor Education Seminar, the Canadian Guidance and Counseling Association Conference, Calgary, May, 1974.

Shapiro, J. G. Relationship between expert and neophyte ratings of therapeutic effectiveness. Journal of Consulting and Clinical Psychology, 1968, 32, 87-89.

Shapiro, J. L., & Gust, T. Counselor training for facilitative human relationships. Counselor Education and Supervision, 1974, 13, 198-206.

Shostrom, E. L. An inventory for the measurement of self-actualization. Educational and Psychological Measurement, 1964, 24, 207-218.

Shostrom, E. L. Manual for the Personal Orientation Inventory. San Diego: Educational and Industrial Testing Service, 1966.

Shostrom, E. L. Comment on a test review: the Personal Orientation Inventory. Journal of Counseling Psychology, 1973, 20, 479-481.(a)

Shostrom, E. L. Self-actualization: A scientific ethic. The Counseling Psychologist, 1973, 4, 29-35.(b)

Shostrom, E. L., & Knapp, R. R. The relationship of a measure of self-actualization (POI) to a measure of pathology (MMPI) and to therapeutic growth. American Journal of Psychotherapy, 1966, 20, 193-202.

Silverstein, A. B., & Fisher, G. Item overlap and the "built-in" factor structure of the Personal Orientation Inventory. Psychological Reports, 1972, 31, 492-494.

Spilken, A. Z., Jacobs, A., Muller, J. J., & Knitzer, J. Personality characteristics of therapists. Journal of Consulting and Clinical Psychology, 1969, 33, 317-326.

Tosi, D., & Hoffman, S. A factor analysis of the Personal Orientation Inventory. Journal of Humanistic Psychology, 1972, 86-93.

Treppa, J. A., & Frickle, L. Effects of the marathon group experience. Journal of Counseling Psychology, 1972, 19, 466-467.

Truax, C. B. A scale for the measurement of accurate empathy. Psychiatric Institute Bulletin, Wisconsin Psychiatric Institute, University of Wisconsin, 1961, 1, 12.

Truax, C. B. Effective ingredients in psychotherapy: An approach to unraveling the patient-therapist interaction. Journal of Counseling Psychology, 1963, 9, 256-264.

Truax, C. B. An approach to counselor education. Counselor Education and Supervision, 1970, 10, 4-15.

Truax, C. B., & Carkhuff, R. R. The experimental manipulation of therapeutic conditions. Journal of Consulting Psychology, 1965, 29, 119-124.

Truax, C. B., & Carkhuff, R. R. Toward effective counseling and psychotherapy: Training and practice. Chicago: Aldine, 1967.

Truax, C. B., & Mitchell, K. M. Research on certain therapist interpersonal skills in relation to process and outcome. In Bergin, A. E. and Garfield, S. L. (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis. New York: John Wiley & Sons, Inc., 1971, 299-344.

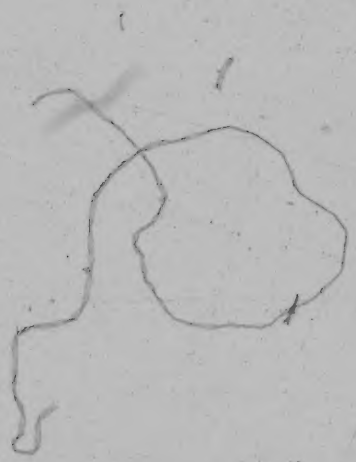
Vander Well, A. R., & Williams, C. The psychotherapy relationship: Toward a behavioural definition. Australian Psychologist, 1974, 9, 50-59.

Wiener, M., & Mehrabian, A. Language within language. Immediacy, a channel in verbal communication. New York: Appleton-Century Crofts, 1968.

Winborn, B. B., & Rowe, W. Self-actualization and the communication of facilitative conditions--A replication. Journal of Counseling Psychology, 1972, 19, 26-29.

Winer, B. J. Statistical principles in experimental design. Toronto: McGraw-Hill Book Company, 1962.

Young, E. R., & Jacobson, L. I. Effects of time extended marathon group experience on personality characteristics. Journal of Counseling Psychology, 1970, 17, 247-251.



APPENDIX A

CATEGORIES OF NON-IMMEDIACY

CATEGORIES OF NON-IMMEDIACY

(Wiener and Mehrabian, 1968)

1. Spatial (S): The communicator refers to the object of communication using demonstrative pronouns such as "that" or "those," e.g., "Those people need help" in contrast to "These people need help."

2. Temporal (T): The communicator's relationship to the object of communication is either temporally past or future. Example, "X has been showing me his house" in contrast to "X is showing me his house."

3. Part (P): Only a part, aspect or characteristic of the communicator or of the object of communication is verbalized. Example, P communicator or subject, "My thoughts are about X" in contrast to "I am concerned about X."

   P object "I am concerned about X's future" in contrast to "I am concerned about X."

4. Class (C): In the verbalization, the symbol used for designating the subject refers to a class of persons which includes the subject or the symbol used for designating the object to a class of objects which includes the given object.

   Example: C subject "X came to visit us" in contrast to "X came to visit me."

   C object "I dislike this entire experiment" in contrast to "I dislike passage X."

5. Implicit (I): The subject, the object or both are implicit in the communication rather than explicitly stated.

   Example: I_s The experimenter gave hints (to me).

   I_o I didn't do well (in the experiment.)

6. Unilaterality (U): The relationship between the communicator and the object of communication is not mutually determined.

   Example: "I am dancing with X" in contrast to "We are dancing" or "X and I are dancing together."

7. Passivity (Pa): The relationship between the communicator and the object of communication is imposed upon either or both of them.

   Example: "I have to see X" in contrast to "I want to see X."

8. Modified (M): An objectification or qualification of the communication is introduced in the verbalization.

   Example: "I feel (think, find, believe); It is possible (obvious, evident): It seems (seemed) probably, supposedly, really, just."

9. Intensity-Extensity (X): The intensity, extensity or frequency of the subject-object relationship is modified.

   Example: "Some, rarely, hardly, greatly, mostly."

APPENDIX B

MODIFIED CARKHUFF HELPEE STIMULUS EXPRESSIONS

1. Who do you think you are. You call yourself a therapist. Damn it, here I am spilling my guts out and all you do is look at the clock. You don't hear what I say. Your reactions are not related to what I'm saying. I've never heard of such therapy. You're supposed to be helping me. You're so wrapped up in your own world you don't hear a thing I'm saying. You don't give me the time, the minute the hour is up you push me out the door whether I have something important to say or not. Oh, it makes me so damn mad! (A)

2. Hmm, I guess I don't have too much to say today. (D)

3. I love my children and my husband, and I like doing most household things. They get boring at times but on the whole I think it can be very rewarding. I don't miss working and going to the office every day. Most women complain of being just a housewife or just a mother but sometimes, I wonder if there is more for me. Others say that there has to be. I don't really know. (D)

4. They wave that degree up like it's a pot of gold at the end of some rainbow. I used to think that too until I tried it. I'm happy with my job. I don't care to get a degree, but the people I associate with, the first thing they ask is "Where did you get your degree?" I answer, "I don't have a degree." Geez, they look at you like you're some sort of freak, some backwoodsman your wife picked up along the way. They actually believe that people with degrees are better. In fact, I think they're worse. I found a lot of people without degrees that are a hell of a lot smarter than these people. They think that just because they have degrees, they're something special. Poor kids think they have to go to college, or they're ruined. It seems we're trying to perpetrate a fraud on these kinds. They figure that if they don't get a degree they'll end up digging ditches the rest of their lives. They're looked down upon. That makes me sick! (A)

5. This isn't an easy thing to talk about. I guess basically the problem is sort of sexual. I never thought I'd have this kind of problem but I find myself not getting the fulfillment I used to. It's just not as enjoyable, for my husband either, although we don't discuss it. I used to enjoy it and I looked forward to making love. I used to have an orgasm but I don't anymore. I can't remember the last time I was satisfied. I find myself being attracted to other men and wondering what it would be like to go to bed with them. I don't know what this means. Does it mean something about our whole relationship? Is something wrong with us or with me? (D)

6. I'm so pleased with the kids. They're doing just marvellously. They've done so well at school and at home, and they're getting along together. It's great! I never thought they would. They

seem a little older. They play together better and they enjoy each other, and I enjoy them. Life has become so much easier. It's really exciting to raise three boys, and I didn't think it was going to be. I'm just so pleased and hopeful for the future, for them and for us. I can't believe it, it's just great. (E)

7. You know I finally found people I can really get along with. There's no pretentiousness about them at all. They're real and they understand me and I can be myself with them. I don't have to worry about what I say and that they might take me wrong, cause I do sometimes say things that don't come out the way I want them to. I don't have to worry that they're going to criticize me and it's great not to have people criticize you for everything they disagree with. I just can't wait to be with them. For once, I actually enjoy going out with people. I didn't think I could ever find people like this again. They're warm and understanding and I dig 'em. (E)

8. I'm so disappointed. I thought we could get along together and you could help me. We don't seem to be getting anywhere. You don't understand me, you don't even know I'm here. I don't think you even care for me. You don't hear me when I talk. You seem to be somewhere else. Your actions don't have anything to do with what I say. I don't know where to turn. I'm just hmff. I don't know what I'm going to do but I know you can't help me. There's just no hope. (A)

9. Those bastards! Who do they think they are. I just can't stand interacting with them anymore, they're just a bunch of phonies. They leave me so frustrated and they make me so anxious I even get angry with myself. I don't even want to be bothered with them anymore. I wish I could be honest with them and tell them all to go to hell, but I guess I just can't do it. (A)

10. I feel good about the way things are going at home with my wife. It's amazing, we get along great together now. Sexually I didn't know I could be this happy, I didn't know we could be this happy. It's neat! I'm so pleased I don't know what else to say. (E)

11. He's ridiculous! Everything has to be done when he wants to do it, the way he wants it done. It's as if nobody else existed. It's everything he wants to do. You know there's a whole range of things I have to do, not just be a housewife and take care of the kids, hell no. I have to do his typing for him, I have to run his errands for him, and if I don't do it right way, I'm stupid, I'm not a good wife or something. I have an identity of my own and I'm not going to have it wrapped up in him. It, it makes me mad. I want to punch him right in the mouth. What am I going to do. Who, who the hell does he think he is anyways! (A)

12. Sometimes I wonder if I can handle raising three boys, especially the baby, I call him the baby, well, he is the last. I can't have anymore so I know I've kept him a baby longer than the others. He won't let anyone else do things for him. If someone else opens the door he wants mommy to do it. If he closes the door, I have to open it. And I encourage this. I do it. I don't know if this is right or wrong. He insists on sleeping with me every night and I allow it and he says when he grows up he won't do it anymore. Right now he is my baby and I don't discourage this much. I don't know if this comes out of my needs or if I'm making too much out of the thing or if this will handicap him when he goes to school, breaking away from me. I wonder if it's going to be a hard experience for him or if it's something I'm creating for him. I do worry more about my children than I think most mothers do. (D)

13. I'm glad I found a counsellor like you. I didn't know any existed. You seem to understand me well and it's great! I feel like I'm coming alive again and I haven't felt like this for a long time. (E)

14. I don't know if I'm right or wrong, feeling the way I do. I find myself withdrawing from people. I don't seem to socialize and play their stupid little games anymore. I get upset, come home depressed. I have headaches. It all seems so superficial. There was a time when I used to get along with everybody and everybody likes him." I used to think that was something to be really proud of. But that was who I was at the time. I had no depth of my own. I was what other people wanted me to be, I guess. (D)

15. I get so frustrated and furious with my daughter. I just don't know what to do with her. She's bright, she's sensitive, but damn it, she does some things that make me so on edge, I can't handle it sometimes. She, I feel myself getting more and more angry. She won't do what I tell her to. She pushes the limit like mad. I complain, yell, lose control and think there's something wrong with me, that I'm not an understanding mother or something. Hmff, damn it! What potential! What she could do with what she has. There are times she doesn't need what she's got, she gets by too cheaply. I just don't know what to do with her. And then she can be so nice and then boy, she can be as ornery as she can. And then I scream and I yell and I'm about ready to slam her across the room. I don't like feeling this way. I don't know what to do with it. (A)

16. I'm really excited. We're going to California. I'm going to get a second chance. I've found a good job. It's great! It's so great I can't believe it's true. I've got a secretarial job and it's part-time so I can be there when the kids get home from school. Hmff, it's too good to be true. It's much better than I expected. There's all kinds of possibilities. I can't wait to get started. (E)

Angry statements are followed by (A).

Depressed statements are followed by (D).

Elated or happy statements are followed by (E).

APPENDIX C

CORRELATIONS AMONG EMPATHY, NON-IMMEDIACY AND DIMENSIONS OF THE PERSONAL ORIENTATION INVENTORY

CORRELATIONS AMONG MEASURES OF EMPATHY AND NON-IMMEDIACY AND DIMENSIONS OF THE PERSONAL ORIENTATION INVENTORY

	Empathy								Non-Immediacy							
	Elation		Depression		Anger		Total		Elation		Depression		Anger		Total	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Tc	.019	.092	.030	-.060	.023	-.059	.026	-.020	-.119	.023	.134	.040	.027	.110	-.014	.075
I	.183	.276	.358	.303	.331	.235	.323	.298	.090	-.246	.032	-.123	.124	-.297	.093	-.274
SAV	.117	.092	.393	.226	.246	.102	.281	.156	-.112	-.049	-.161	-.244	-.151	-.138	-.162	-.173
Ex	.148	.447*	.246	.403	.214	.280	.226	.409*	.286	-.301	.346	-.031	.311	-.288	.359	-.260
Fr	.309	.194	.436*	.241	.467*	.149	.448*	.214	-.093	-.144	-.067	.023	-.061	-.162	-.084	-.125
S	.203	.237	.290	.321	.216	.288	.261	.318	-.001	-.169	.047	-.083	.058	-.033	.039	-.129
Sr	-.145	-.127	.061	.061	-.098	-.057	-.066	-.045	-.189	.157	-.081	-.101	.073	.046	-.078	.044
Sa	.184	.284	.230	.181	.195	.189	.225	.239	.153	-.284	.207	-.125	.322	-.258	.258	-.266
NC	-.314	.189	-.024	.136	-.057	.240	-.142	.208	.056	-.189	.045	.007	.119	-.232	.084	-.176
Sy	-.182	.366	.124	.392	-.027	.176	-.028	.336	-.133	-.280	-.114	-.267	-.068	-.250	-.121	-.324
A	-.007	-.084	-.011	-.037	-.085	-.024	-.040	-.050	-.035	-.318	.113	.023	.184	-.140	.098	-.182
C	.188	.379	.323	.453*	.324	.242	.310	.391	.094	-.367	.091	-.052	-.067	-.419	.046	-.350

$p \leq .05$*

APPENDIX D

CORRELATIONS AMONG EMPATHY AND NON-IMMEDIACY MEASURES

CORRELATIONS AMONG EMPATHY AND NON-IMMEDIACY MEASURES

Empathy	Non-Immediacy							
	Elation	Depression	Anger	Total	Temporal Category	Spatial Category	Temporal plus Spatial Category	Modified Category
Elation								
Pre	-.285	-.356	-.414*	-.402	-.008	-.198	-.141	-.479*
Post	-.278	-.342	-.110	-.308	-.282	-.550**	-.539**	.032
Depression								
Pre	-.342	-.429*	-.489*	-.479*	-.413*	-.421*	-.522**	-.230
Post	-.274	-.284	-.274	-.355	-.189	-.404*	-.384	-.169
Anger								
Pre	-.287	-.445*	-.577**	-.497*	-.287	-.449*	-.471*	-.292
Post	-.288	-.400	-.138	-.349	-.299	-.472*	-.498*	.005
Total								
Pre	-.337	-.455*	-.548**	-.509*	-.266	-.398	-.424*	-.365
Post	-.308	-.378	-.193	.373	-.283	-.520**	-.520**	-.048

$p \leq .05$*

$p \leq .01$**

APPENDIX E

MEANS FOR NORMAL ADULTS, SELF-ACTUALIZING ADULTS AND PRE-POST MEANS OF THE COUNSELLING STUDENTS ON THE PERSONAL ORIENTATION INVENTORY SCALES

MEANS FOR NORMAL ADULTS, SELF-ACTUALIZING ADULTS[1] AND PRE-POST MEANS OF THE COUNSELLING STUDENTS ON THE PERSONAL ORIENTATION INVENTORY SCALES

Scale	Means Normal Adult	Means SA Adult	Pretest Means	Posttest Means
Time Competence	17.70	18.93	19.29	19.13
Inner-Directedness	87.25	92.86	95.04	98.79
Self-Actualizing Value	20.17	20.69	21.46	21.86
Existentiality	21.80	24.76	24.38	25.00
Feeling Reactivity	15.74	16.28	17.46	18.46
Spontaneity	11.65	12.66	14.00	14.67
Self-Regard	11.97	12.90	13.21	13.42
Self-Acceptance	17.09	18.93	18.29	18.38
Nature of Man	12.37	12.34	12.75	13.04
Synergy	7.32	7.62	7.83	7.79
Acceptance of Aggression	16.63	17.62	16.42	17.13
Capacity for Intimate Contact	18.80	20.21	20.92	21.63

[1]E. L. Shostrom, Manual for the Personal Orientation Inventory, 1966, p. 26.